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Papers and presentations on physical education and recreation for the mentally retarded consider programs in Norway, the importance of physical activity, the physical educator as a member of the special education team, and the team approach in programing. The following are also treated: recreation and day care for the severely retarded in a community setting, a community recreation team approach to programing, play facilities and equipment, a program of developmental motor activities, support for recreation programs, and physical education programs. Additional information is provided concerning financial assistance and resource material available from the U.S. Office of Education, preparation of grant proposals, and comprehensive state planning in mental retardation. The role of motor activities in programs for retarded and educationally handicapped children is assessed, as are community/residential facility cooperation, recreation planning for retarded adults, scouting, recreation for the severely and profoundly retarded, sex education, and the challenge to action. Reactions, questions and answers, and group and special interest discussions are included. (JD)

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PROGRAMING FOR THE MENTALLY RETARDED

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Programing for the Mentally Retarded

REPORT OF A NATIONAL CONFERENCE
OCTOBER 31 - NOVEMBER 2, 1966

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
OFFICE OF EDUCATION

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Foreword

The Proceedings of the National Conference on Programing for the Mentally Retarded are provided as a service of the American Association for Health, Physical Education, and Recreation's Project on Recreation and Fitness for hte Mentally Retarded. The Project, initiated on July 1, 1965, in an effort to stimulate the development of programs of recreation and physical activity for the mentally retarded, is conducted in cooperation with the Joseph P. Kennedy Jr. Foundation which made a grant for its operation to AAHPER.

The major areas of concern of the Project focus on leadership preparation, research, program interpretation, and development of materials. The National Conference on Programing for the Mentally Retarded is one of many activities of the Project to serve as a catalyst for all organizations and agencies interested in and concerned with physical education and recreation for the retarded.

The Conference gave professional personnel from different disciplines an opportunity to exchange ideas, to coordinate their efforts, and to work on problems of programing for the mentally retarded. Over 400 individuals took part in the three-day meetings which included lectures, demonstrations, special interest sessions, audiovisual presentations, and small group discussions. Physical educators, recreation specialists, special educators, psychologists, and physicians representing public schools, residential facilities, day care centers, park and recreation boards, voluntary organizations, and governmental agencies all actively participated. A number of national organizations and federal agencies providing programs or services for the mentally retarded cooperated.

The enthusiasm and active participation of those attending were indications of the interest in and need for a Conference of this kind at the national level. Written statements and verbal comments of the participants have described the impact upon programing at all levels and in promoting greater understanding and appreciation among the different specialists and disciplines involved in programing for the mentally retarded. However, the real success of the Conference can be determined only in terms of how it has contributed to lasting changes and progress in physical education and recreation programs for the mentally retarded.

These Proceedings present a permanent record of all that transpired at the National Conference on Programing for the Mentally Retarded. The publication is dedicated to better things for the mentally retarded through physical education and recreation.

Carl A. Troester, Jr.
Executive-Secretary, AAHPER

Conference Planning Committee

Jackson M. Anderson, Conference Chairman
University of Minnesota
Minneapolis, Minnesota

Laura Mae Brown
Webster Groves Public Schools
Webster Groves, Missouri

Robert L. Holland
State Department of Education
Columbus, Ohio

Wayne Sengstock
National Association
for Retarded Children
New York, New York

Thomas A. Stein
University of North Carolina
Chapel Hill, North Carolina

Julian U. Stein, Director
Project on Recreation and Fitness
for the Mentally Retarded
Washington, D.C.

Wanda Lee Burnette, Program Assistant
Project on Recreation and Fitness
for the Mentally Retarded
Washington, D.C.

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WILLIAM G. CARR
Executive Secretary
National Education Association
Washington, D. C.

Welcome

Someone has said that a civilization can be tested by two characteristics: (1) the degree to which people care about what happens 20, 30, 50, 100 years from now, and act accordingly, and (2) their ability to rise beyond statistics and mechanisms and focus on the needs and problems of the individual human being. I suppose that this conference would qualify you who are participating in it to be regarded as civilized people under the second of these criteria. It does matter in the United States of America what happens to everybody, and there is a great body of professional people—teachers, specialists in physical education (among other things), teachers of recreation, physicians, nurses, therapists—a wide range of professionals who are concerned with the individual in the mass and whose concern excludes no one . . . *no one*. This, I think, is perhaps the finest characteristic of our civilization and long after our weaponry, our rocketry, and even our space explorations may have become old stuff—and hopefully part of it completely forgotten—the concern of the American people for the individual human being, their unwillingness to substitute a generalized statistical picture for concern for the individual will be regarded by the future historians as perhaps our greatest contribution. So you are most welcome, always, in this building and particularly welcome because of the inspiring human theme that brings you here.

There was a scientific management specialist who, in some way or other, found himself assigned to cover a symphony performance and to report on it. If I give you the gist of his report, I think you will be able to apply this little story to American education and to its concern for the individual.

Our scientific management expert came home from the playing of Beethoven's *Fifth Symphony* and the rest of the concert, and he made a number of points in his report with regard to the performance. In the first place, he said, there was obviously a great deal of duplication of effort, for he could see three or four cellos and perhaps as many as 20 violins. As far as he could tell, they were all doing the same thing, and it did not seem necessary to him that they should have this overlapping of effort. Therefore, he strongly recommended that measures be taken to reduce the size of the orchestra. In the second place, he said, the orchestra took quite a long time tuning up. Since they were playing the same notes when they tuned up, although in different sequence, as the notes that were played during the symphony, he would recommend that that be left out completely. He also observed that there were several periods during the playing when the music was marked for a rest, and he found these rests superfluous—the work was not that exhausting. Particularly, he saw no need for a break of almost 30 seconds between each of the four movements of the symphony. If you multiplied the number of seconds by the number of persons involved by the number of people in the audience, you could see the number of manhours that were wasted. Finally, he said there was a regrettable lack of standardization among the notes: some were long and some were short. He realized that it would take time—he was not going to be arbitrary and brusque about it—it would take time to standardize these things, but he at least recommended that the orchestra dispense, at once, with all demi-semi-quavers and proceed to simplify this production.

You see, he missed the whole point. And it is because you see the point —because you refuse to be swept along with any kind of overall standardization which might impair your attention to the individual—that you have come to this meeting.

Just a word in conclusion about the place where you are meeting. This is the headquarters building for the National Education Association in which the sponsors of this conference, the American Association for Health, Physical Education, and Recreation, have their offices as a department of the NEA. You might like to know that this building was built entirely by the teachers of the United States. It houses approximately 1,000 people who have nothing else to do but work for the improvement of the educational service in our country and, in part, throughout the world. It was built by small contributions a little at a time. There was no federal aid. The construction of this building was and is a product of the dreams and the hopes and the imagination of the American teacher throughout the nation and of all other specialized colleagues in education.

Therefore, for many of you—probably a majority of you who are already members of the National Education Association—it is not necessary, really, for anyone to bid you welcome in your own house. I hope, Mr. Chairman and friends, that you will have a most successful meeting.

MAYNARD C. REYNOLDS
Director
Department of Special Education
University of Minnesota, Minneapolis

A New Dawn

A century ago, across the nation, we were eagerly engaged in building schools for the retarded. It was thought at that time that the problems of mental retardation were mainly educational in character. Retarded individuals were brought to the new schools for residence and training, with the hope that they would be equipped for return to their communities as self-sufficient persons.

The notions about the training were quite specific and simple—oriented to physical and sensory processes, in consonance with ideas about the nature of intelligence held at that time. There was, for example, the idea that since the eyes are the "windows of the soul," if we could effectively teach finer sensory discrimination we would build the foundation for other more complex forms of discrimination and judgment. Unfortunately, such ideas proved to be faulty. Claims of leading advocates were exaggerated. Hopes and a great movement were crushed by failure. The schools were turned to colonies for the permanent custody of the mentally retarded and professionals in virtually all fields deserted the mentally retarded.

In his historical studies in the field, William Sloan[1] suggests that at about the turn of the century, three ideas which gained pervasive influence added to the profound disappointments and neglects of the period:

The first of these ideas concerns heredity. The famous study of the Jukes and the Kallikaks, which proposed a simple hereditary transmission of mental retardation, was widely reported. The problem of mental retardation could perhaps be broken, it was thought, by interrupting the procession of the defect from generation to generation through strains of undesirable stock. The social action following upon this idea, quite naturally, was that the mentally retarded should be separated by sex in colonies or be sterilized. And, in the early part of the century, there was a wave of sterilization legislation among the states, and colonization seemed a convenient alternative. The sterilization movement, incidentally, Sloan tells, was led by cattle breeders associations. Those of you who were in college only 15 or 20 years ago will recall having read about the Jukes and Kallikaks as your major orientation to the field of mental retardation. An aura of stigma and derision permeated all of this thinking.

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[1] Now with the Department of Mental Hygiene, State of Illinois (in an address at the University of Minnesota).

Modern scientists do not deny the role of genetics in mental retardation, but the story today is not very simple. Even in the 1930's, professors Paterson and Rundquist of the University of Minnesota did a study of the population at the Faribault State School and Hospital, Minnesota's largest institution for the retarded, in which it was found that the parents of the patients were representative of the generality of adults in our state in socioeconomic levels, and presumably in intellectual levels. Notions of simple genetic strains do not hold. Polygenic models may fit, but the social action indicated in this instance is different.

A second idea concerned the essential hopelessness of the condition of mental retardation. Some early studies indicated that since it was difficult to change IQ's, apparently the retarded just couldn't learn. The same argument could have been applied, of course, to those of average intellect. We're still searching for a science of "mental orthopedics" by which cognitive inadequacies may be repaired, with only minor achievements so far, I think. The fundamental error was in assuming that the retarded could not learn. Those of us attending the present conference will learn a good bit, I hope, but our IQ's will change little, if any. Let it be clear that the retarded do learn!

Thirdly, there was the idea that the mentally retarded were strongly criminalistic in predisposition. The image of the mentally retarded person projected in the early part of this century, even by some leaders in the field of mental retardation, was that of a hopeless criminal wandering the countryside doing great damage to our society. Apparently some few studies had shown that among criminals, at least that subgroup of apprehended criminals, there was some excess over chance in incidence of mental retardation. It is, of course, a gross error to reverse the ordering of groups and to say, beginning with reference to the retarded, that many of them are criminals. But such errors of logic apparently contributed to the profound desertion of the field.

In 1966, Mildred Thompson, a pioneer in work with the mentally retarded in Minnesota, told a group of us about an analysis she has been making of the correspondence which developed among superintendents of state colonies for the retarded in the early part of the century. Her studies reveal how lonely the superintendents of colonies were, in a professional sense. They linked themselves by correspondence through the Midwest and into Canada to serve and support one another. Clearly they were isolated from every profession they represented. We owe a special debt of gratitude to those who maintained faith during these difficult years, but they were few in numbers. More could be said of this sad period from the late 19th and through the first half of the 20th centuries.

But now events have taken a turn. A revival of interest and sharp upswing in programs of development are in evidence. Perhaps the renewal would have come earlier had it not been for the cataclysms of the depression, World War II, and the Korean conflict. The pace of current events is hurried, as if to pour into a decade all of the energies denied for more than half a century.

From segregation of the retarded in colonies we have turned to the community—educating them, working with them, and playing with them at home whenever possible. Of course, many of the retarded were in the community all the time, but neglected by an insensate public. From a kind of hopeless lethargy we've turned to more open, more optimistic views. School programs for the retarded have doubled almost everywhere, and tripled in many communities in just the past decade. Day care centers, specialized diagnostic facilities, sheltered workshops, and many other types of programs for the retarded have been launched in recent years. Most of the press and change have been observed in open community life, but even the isolated colonies have been spruced up and are now beginning to get the staff they need to do humane work. Eventually, they may deserve the titles they carry as "schools" and "hospitals."

What accounts for this change? It's difficult to know, and I shan't try at any length to write the history of this remarkable period. But certainly one might guess that the revelations of manpower shortages in World War II—and the obvious intellectual-educational aspects of the problem—form a part of the history. Costs of needed programs are high, and our unprecedented economic growth has undoubtedly been essential in sustaining program growth. Progress in biomedical sciences, which has made it possible to turn attention and resources from some of the acute diseases to chronic disabilities, surely has been important. And there may be more mentally retarded people than ever before, both in relative and absolute terms, just because of "progress." For example, as more premature babies and more people with serious illnesses are kept alive, we find more chronic problems left in the wake of these medical episodes. I like to believe that the force of some of the fundamental ideas in our society hasn't been all spent, and that some of the recent changes mean simply that we're getting to the solution of problems long promised for attention. Among these fundamentals is respect for the individual person with no if's or but's. There has been growing, gnawing dissatisfaction with discrimination and neglects in community life. Discontinuities in approaches to our fellow men based on race, color, and creed are being erased, and we are working away at IQ as well.

But above each of these factors (which I think will enter a proper history of this field and this day), I would stress the basic goading stimulus, the basic catalyst, which has been provided by the organized movement of parents of retarded children. Just after World War II, many local organizations of parents of retarded children began springing up. Soon they federated into large groups and finally to national organization, which was achieved in 1950 at a meeting in my home city of Minneapolis. The National Association for Retarded Children, its state affiliate groups, and its local groups have been aggressive, effective, and responsible—extraordinary organizations in every way. The influences of the late President Kennedy, of the Kennedy family, and of President Johnson have been profound. Those of us in education owe special honor and reward to Senator Hill, Congressman Fogerty, Congressman Carey, Senator Morse, and many others who serve us from this city. In every state and locality, leaders have emerged who deserve accolade upon accolade.

Let me recapitulate briefly: About a century ago a bit of daylight appeared in the field of mental retardation, but too quickly it faded and the retarded returned to shadows for more than half a century. There is a new dawning characterized mainly by efforts to make a place for the retarded in open community life. We have no great stockpile of tested knowledge in the field on which to proceed, although such knowledge is growing. Much of what we see developing about us at such hurried pace is based on thin evidence. The field is almost dangerously open for those who would seduce us to easy methods and techniques. It is in the context of this exciting, rocky—almost dizzying—period in the story of mental retardation that this meeting is held, dedicated to finding ways by which additional facets may be provided in programs for the retarded.

I'd like now to propose a short analysis of the problem of mental retardation and the challenge before us in this conference. It is not easy these days to define mental retardation in a way which is broadly accepted, but I propose to you that the central or defining concept is that of intelligence or cognition. The mentally retarded are those whose cognitive development is attenuated; they are slow in developing intelligence. They do not serve well in complex and especially in abstract affairs. If you are willing for a moment to think of human beings as information processing mechanisms you would say that the retarded are not able to receive and decode very complex messages, nor are they able to encode or respond in complex forms.

The distribution of this attribute of intelligence is continuous rather than discrete. Like the elevator passing up and down a building through all possible points, it seems that every possible level of intelligence is represented in a community. The retarded, or at least most of them, are not a special category, set apart from the remainder. They're just slow like the rest of us, "only a little more so."

Most mentally retarded individuals get their intelligence in the same way we get ours. The same determinants are operating to establish abilities and disabilities in most instances of mental retardation, as in instances of normal intelligence. Think of height, and an analogy to intelligence will not be far off. In a minority of the cases (perhaps 20 to 25 percent) of mental retardation, it is possible to specify a definite agent or biomedical condition which causes mental retardation, but in most cases the causes are about as certain and about as uncertain as are the causes of your intelligence. Heredity is involved, but many other determinants operate as well.

Intelligence or cognition is a pretty special variable. It is one of those things about human beings which is frequently used by institutions of all types to make selection-rejection decisions. You get into college if you're high in intelligence, and you stay out if you're low. Most employers like people who are bright and tend to reject others. Too often vocational schools fight against admission of slow pupils. All of the professions look for more talent rather than less. Intelligence, it seems, pays off in many places.

The trouble from the viewpoint of the mentally retarded person is that he tends so regularly to be rejected in employment, in education, for the bowling club, and for marriage—so that he ends up on a one-way trip to desolation.

An amazing thing for me to discover recently was the way some children are excused or excluded from school. Those of us in education pride ourselves for working in an institution which doesn't make basic selection-rejection decisions, and that makes the school almost unique among institutions. School attendance is compulsory and we want to provide suitable education for every child. But I find that some children are excused and excluded from school in various and sometimes quite arbitrary ways with no report and no review. We're making important progress in the schools in providing for the mentally retarded, but so far we have touched no more than about a third of the pupils who are retarded and need special help.

When a person is rejected from institutional affiliation it is rare that the institution takes much responsibility for him and, besides, this variable of intelligence is peculiar in that it doesn't immediately propose an analysis of what one ought to do if one wants to be helpful. It is relatively impervious to mere social influences. It is not like drinking too much or getting up late in the morning, which often leads to institutional disaffiliation, but for which the remedies are clear. Some of the mentally retarded find themselves rejected endlessly—for them the committees to employ the handicapped don't work—and they finally reach the end of the line in that artificial and often sterile community we call an institution for the mentally retarded. Here they eat on schedule on a line and bathe in a gang. Here they may be left indoors looking outdoors for lack of supervision. Individuals who reach the end of the line in such places experience little which is born of individual purpose and choice. Most institutions are quite unfree and unpleasant places; go and see! Despite valiant efforts on the part of the limited staff available in most of them, they tend to provide what our parent associations call "herd levels" of care. But my main point here is that intelligence is an extraordinarily important variable in determining whether a person is ever selectable in our society—and the other side of the coin is rejection.

One of the problems in thinking about mental retardation is the tendency to think that everything about the mentally retarded person can be understood in terms of their cognitive status. If they have trouble with the law, we tend to think it's because they're mentally retarded; or if they're lazy, that this is because they're mentally retarded; if they don't follow rules in games, it's because they're mentally retarded; if they don't get to work on time, it's because they're mentally retarded, and so on. Some educators of the retarded think their main task should be to raise IQ—again, the focus is on cognition. There is a danger of misleading seduction at this point. The mentally retarded are not properly understood as persons just in terms of intellect, any more than you are understood in such terms, or any more than your children are correctly understood in such terms. How the mentally retarded person behaves depends pretty much on the same factors at work for others. This leads us to matters of motivation, the amount of previous learning, personality, physical fitness, motor skills and similar noncognitive matters. Like normal children they don't spend all of their time way out on the edge of their cognitive capacities. They sleep a lot, watch TV, play simple games, sweep floors, do simple flat ironing, walk a lot, ride bicycles, and they bat the breeze. Some are annoying, some pleasant, some a little of both—just like the rest of us. We can influence many of these things, even if we don't know how to change IQ's very well.

It says too much, then, when we say that the child is mentally retarded and leave it at that, as if all were explained and little could be done. This overemphasis can defeat them, and often does. Most retarded persons can learn to be acceptable and contributing members of their communities if they are given a chance and needed help. And the help they need is not just remedial help related to cognition but is mostly of the same kind that other people need. The major effort of the moment is to provide a total and balanced community life for the retarded—with as much integration in normal institutional life of the community as possible. This is the context in which most of our planning should proceed in this conference.

Let me add, however, that when ordinary programs are not sufficient, specialized programs are provided. If we do not make proper adjustments in situations where the demands upon cognitive abilities are high, as in the academic programs of the schools, for example, we can subject the mentally retarded to chronic failure experiences. There is repeated evidence from research that failure compounded by failure leads human beings to expect little of themselves and to drop their aspirations. If, along with mounting failure experiences, the mentally retarded are constantly prodded and directed by others, they give up their individuality, sacrifice their own forthrightness, and become excessively outer-directed. They give up on themselves and become tuned merely to others, easy prey for those who would exploit them. They come to show high apprehension concerning potential contacts with other human beings, and yet have great need of such contacts. Nothing is sadder, I think, than to visit an institution and to note how apprehensive many of the retarded are as you approach them, but then to note how quickly the fear dissipates and how they will cling to you. What we see is not inherent in the condition of mental retardation but rather a product of our inadequate handling of the problem.

We're asking the vast majority of the mentally retarded to live with us in the community; in doing this we make a contract with them to make the community a friendly place and a worthwhile place. We must open up more school programs for the retarded in which we deal honestly with their limitations, but which do not exaggerate differences and separations. We must open up more employment opportunities; more dental chairs and doctor's offices, where the retarded are well understood; more bowling clubs, summer camps, YMCA's, theaters, and church schools—not just to offer special treatment programs (although sometimes these will be needed) but mostly to provide suitable opportunities of the kind that all of us need. We should try to hold the retarded in regular or ordinary places in normal institutions whenever possible, and go to the special arrangement only when clearly necessary. We must quit rejecting them or giving away the problem to someone else.

For the last two years every state has been engaged in a particularly intensive and comprehensive planning effort in the field of mental retardation. Not very much in the plans is likely to be startling, but much that is helpful can be expected. There will be more legislative activity than usual in most states, and community planning agencies are surely feeling an urgent press in the field of retardation.

Two of the areas greatly in need of attention as part of comprehensive planning and programing are physical fitness and recreation, which we will consider at this conference. A special kind of cruciality attaches to your field, I believe. All of life's purposes and activities meet limits at the point of physical fitness, and it's clear that problems of mental retardation are frequently compounded by fitness problems. As a group, mentally retarded children are markedly below the generality of their age mates in motor abilities. It's not clear whether this is in some measure inherent or a product of relative neglect. There are some intriguing indications, mostly yet to be evaluated, that motoric experiences may directly influence cognitive development. Much study is needed on this complex topic.

With reference to recreation, let us remember that mentally retarded children in school are there but 30 out of the 168 hours in a week, and thus the employed retarded person spends three times as many hours outside of his employment as he does on the job. Studies of the mentally retarded regularly show less trouble in meeting cognitive demands of employment than we might guess. Job-related troubles stem more frequently from difficulties in relating to fellow human beings and in managing affairs outside of employment. Recreation should have something to say to this!

It is probably as true in programs related to physical fitness and recreation as elsewhere that the mentally retarded have frequently met rejections or been crowded off to the corners for more segregated programs than needed. Visit institutions for the retarded, and only occasionally will you find well-manned, well-supported physical fitness and recreation programs. More often you will observe patients languishing in idleness or worse. Follow-up studies of the retarded in the community all too frequently find them in solitary, passive, deadening, unproductive tasks. Talk to the teacher of the retarded and ask her how she accounts for the difficulties some retarded children have. She will often tell you about their difficulty in following rules, cooperating with other children, of talking too much, of "bugging" other children. These are not matters of great cognitive importance. These are things the children have failed to learn and about which you people must have something to say and do. Physical fitness and recreational activities are of high value in and for themselves, but they can and do produce a kind of second-order payoff of many types—and the retarded are needful of such payoff!

In my experience—admittedly limited—physical educators and recreators are often left out of so-called comprehensive planning. The reasons for this I do not know, but they should be identified and corrected.

This is the agenda for this conference. The challenge for you is to define needed programs, to share information concerning outstanding and promising programs, to learn of resources available to you, and then to join forces with others in your communities to help implement programs.

One hundred years ago there was a brief dawning in work with the retarded, but hopes thinned and wasted away. The plans and programs of that day were mere frostwork, which melted away with only a bit of exposure to light of day. Now there is a magnificent new dawning. What we see about us in the field of mental retardation is mostly new and pretty lively, but only a beginning. Let us hope that the programs which we build now are made of firmer stuff, able to stand up through daylight and careful searchlights of examination, and that they will become stable pieces of enlightened community life.

TRYGVE LIE
Director, Teachers Courses
Ministry of Education
Oslo, Norway

Physical Education and Recreation for the Mentally Retarded in Norway

As a background for what I want to say about the physical and recreational education of the mentally retarded in Norway, I assume that it may be of some interest to give a very short orientation about the education of the mentally retarded as such.

As in most countries, it has been usual also in Norway to distinguish between the so-called trainable mentally retarded and the educable. The trainable group as a rule is to be found in the IQ range between 30 and 50, whereas the educable commonly will be found to have IQ's from 50 to about 85. It goes without saying that these classifications should not be conceived of as being rigidly established.

Institutions for the trainable mentally retarded are administered by the Ministry of Social Affairs. The Ministry of Education, however, is responsible for and pays the expenses for all pedagogical programs within the institutions, as soon as they assume an approach similar to what one traditionally expects to be going on in a school setting. In practice it is of course impossible to operate with clear-cut distinctions between what is education and what may be labeled training, and for the last 10 to 15 years there has been a marked tendency to look upon the trainable also as more and more of a challenge for specially trained educators. As a consequence, there are special school classes with an educational emphasis within most institutions for the severely mentally retarded, too.

Special programs for the educable mentally retarded are run by or under the supervision and responsibility of the Ministry of Education. About 2,000 educable mentally retarded are in special residential or day schools. By far the largest group of the educable mentally retarded, however, is to be found in special classes or groups within the ordinary school system. All together about

30,000 educable mentally retarded are taken care of within the Norwegian school system, a number equivalent to about 7 percent of the total school population. Similar percentages are found in Denmark and Sweden. The number of educable retardates receiving some sort of special education thus seems to be considerably higher in the Scandinavian countries than in the U.S.A. and most other countries.

Viewed in isolation, the comparatively high percentage of EMR's in special education might be and sometimes is misinterpreted to mean that the Scandinavian countries have solved their problems in special education better than many other countries working with the same problems. There is, however, a growing concern among special educators in Norway, directed not as much toward the quantity as toward the quality of special education.

This concern is reflected in an increased interest in the education of teachers for the mentally retarded, in the development of new and more comprehensive curriculum guides, in research and in a renaissance of the discussion about the ultimate goals of special education. As for the latter, attention is often drawn to the conflict or gulf there seems to be between means and ends in special education, implied by the terms "differentiation" and "integration." It may be said that we "differentiate" in special education in order to obtain an increase in the retardates' ability to "integrate" in ordinary society. A discussion along such lines unavoidably tends to focus interest on the experiences we want to confront the retardates with and on the suggestion that we should perhaps evaluate these experiences to a higher degree in light of their effect on the individual's self-concept, as well as on attitudes and skills necessary in an independent, pleasant, and worthwhile present and future life. We may then find out that the hierarchy of experiences we usually build up in our pedagogical approaches to the mentally retarded should not be continued without critical questioning.

Speaking about the Norwegian education for the mentally retarded, I would doubt, therefore, that the existing balance between academic and physical education is as good as it should be. Our special classes, in my opinion, concentrate too much on books written on such abstract levels that the students far too often are doomed to failure and unhappiness. Everyne who has had the opportunity to observe the mentally retarded knows that they seldom look so retarded as when confronted with books too difficult for them, or with a content that does not appeal to them because it was written for younger, so-called normal children. To me it seems obvious that a well-balanced and stimulating curriculum for the mentally retarded should give more room to physical activities and recreational education than has been done till now in Norway. There are many good reasons for this, some implied in the development of modern society, others in certain traits said to be characteristic of the mentally retarded.

The reasons implied in the development of modern society are obvious to all and apply to ordinary as well to special education—although I would think the consequences may be more serious for the retarded. Modern techniques have made life so comfortable that our health is afflicted by it. Also in Norway it is becoming more and more usual for students to be brought to and from school in private cars or school buses. School physicians have seen a serious danger in this, and some school authorities have attempted to restrict public transportation to and from school to a minimum. Thus a few communities have offered to support the purchase of bicycles for students who live so far away from the school that they are dependent on some form of transportation. Such procedures, in spite of some success, are exceptions, however.

The number of years spent at school is increasing in all modern countries and seems to have a limiting effect on engagement in physical activities. At the same time we are met with an expanding amount of leisure time, which for too many only means a waste of time. For many reasons, the problem of a wise and constructive use of leisure time seems to be bigger for the retarded than for the so-called normals. Investigations in the retardates' use of leisure time in Scandinavia have shown that to a high degree they are nonparticipants, both in the more informal recreational group activities with other students and in the organized activities in community recreational centers. It seems reasonable to assume that their exclusion in most cases could have been avoided if such problems had been met in a more well-planned physical education and recreational program in the schools.

Mental retardation seems to pose an extra challenge for the school to also cover the areas of experiences and knowledge which in ordinary schools are left to incidental learning. Thus it cannot be taken for granted that the retarded student by himself is able to find and use the facilities for physical and recreational activities which exist within or in the vicinity of the communty. This may partly account for the fact that they so often are nonparticipants, and was documented to me many times during the years I was a teacher for the mentally retarded in Oslo—a city with perhaps some of the best and most easily reached sports and skiing areas in the world. One of the most popular sports in Oslo is skiing, and on a fine winter Sunday it is not unusual that 100,000 or more of the inhabitants of Oslo and the suburbs go out skiing, which in Norway as a rule means cross-country skiing. Ski enthusiasts from age 7 to 70 or more may take tours on their own from 15–50 miles, up and down hills and mountains, through forests and over frozen lakes—deriving pleasure from it and strengthening their physical and mental health. Among the retardates in the special classes in Oslo some years ago, however, one found an astonishingly high percentage who had never been out in these wonderful surroundings—not because they had no money to go there (the cost is very little) or because they had no skis (which in cases where the parents cannot afford it are provided by the Association for the Furtherance of Skiing). The main reason they didn't go seemed to be that no one had ever taken them there, and no one had taught them to use these possibilities that other students seemed to get acquainted with by themselves.

This event indicates, among other things, the importance of a carefully planned program of physical education for the mentally retarded. A program where nothing can be taken for granted must of course also differ from ordinary programs—which can afford a selection of experiences based more on hunches than a program for the mentally retarded should do. The implication of this should be kept in mind when single or small groups of mentally retarded are sent to ordinary classes for physical education, a procedure which is not unusual in many school districts in Norway, and which in some carefully selected cases may be a good one, but should be practiced with flexibility.

A program for physical education of the mentally retarded should also consider the greater number of physical and health problems that research seems to agree is to be expected among retardates. This fact calls for a more individual approach, as well as for more intimate cooperation with health personnel in the schools. The Norwegian curriculum guide points out the importance of this, and it stresses that more weight should be placed on attitudes than on skills. From a pedagogical and even more from a social point of view, it is also important to pay attention to and give room for such play and sports activities in which children and youth ordinarily participate in the community. This may contribute to lay a foundation for a better social integration of the retarded in ordinary society, while at the same time aiming at postschool functionality.

The aspects mentioned above are certainly neither new nor original. If accepted as important, they should however, have consequences both for the content and organization of physical education for the mentally retarded. It must be admitted that there are too many unanswered questions so far concerning this. In daily school life the practical solutions to physical education for the mentally retarded sometimes also seem to be based on what is most convenient administratively than on serious thought and decisions made in cooperation with specialists.

Evaluated as a whole, I must say about the education of the mentally retarded in Norway that the situation is neither critical nor satisfying. We have to improve, however, and I think we could improve if in future planning we could also use expertise and economical resources outside the educational circles to a greater extent. For the time being there is a stimulating and increasing interest in Norway also among noneducators, in physical education for the handicapped, including the mentally retarded.

In this context it may be of some informative value to mention that the Norwegian state runs a lottery, Norsk Tipping, where one-half of the profits go to support the establishment of sport and recreational facilities in various parts of the country. The other half goes to research of various kinds. Last year's income from this lottery was about 30 million N.kr., a considerable sum for a nation of only 3.5 million inhabitants. In recent years there has been an agreeable tendency to use an increasing part of this money to provide better opportunities for sport and recreational activities for the handicapped. In all fields of the so-called handicap-sports, results have been obtained which are promising and in some fields impressing. Thus, for the last four winters a skiing competition for the blind has been arranged at a Norwegian mountain hotel with participants from many countries in the world. This arrangement, which has been partly economically sponsored by the "gambling" Norwegian state, has turned out to be a real success—first and foremost on the human level, by breaking blind peoples' feeling of isolation, and even more so by strengthening their pride in themselves, their self-concept, and self-respect. The arrangement has also served as an eye-opener to a good many people in important social positions outside the circles of the handicapped, and has so far led to the idea of creating a health sport center for the handicapped, with facilities for both summer and winter activities. It has been decided to realize these plans in the very near future.

In recent years there has been a growing conviction among people interested in the field of mental retardation that the possibilities are present if we can find them and use them. Of course there are limitations, but they seem as often to be due to a lack of imagination in our minds as to the minds of the mentally retarded.

JULIAN U. STEIN
*Director, AAHPER Project on Recreation
and Fitness for the Mentally Retarded
Washington, D. C.*

The Importance of Physical Activity for the Mentally Retarded

In discussing the importance of physical activity for the mentally retarded I would like you to hear the stories of some of the youngsters I have been privileged to know, to work with, and to have had as my friends. Certainly, had it not been for the enthusiasm, responsiveness, and dedicated efforts of these boys and girls, I doubt that I would be participating in this important professional gathering and speaking to such a distinguished group today. To each of these youngsters I offer my sincerest thanks and appreciation, for I have learned and benefited far more from our association than they. But on with *their* stories.

JOHN managed our track and cross-country teams for four years. Going to his first state meet he had but one responsibility: to be sure that the first aid kit was put on the bus. In his excitement John got on the bus, but left the first aid kit in the locker room. When first introduced to the trampoline, this boy moved his knees and body, but his feet never left the trampoline bed. John was timid, had no confidence in himself, and was a 5′10″ 175-pound Casper Milktoast. As time progressed, John not only learned to accept responsibility but to assume much on his own. As events ended in our home track meets, he would see that equipment was taken in; he saw to it that many of the minute administrative details involved in home meets were completed on time and done in the proper sequence. He was one of the few managers to whom I would entrust my keys or permit to keep the records for issuing and taking in uniforms, and never knew of his making a mistake. He also helped with timing in practice and at meets. When he told the members of the squad to get on their sweat suits and not stand around and get chilled, they jumped! He was respected and a leader among the other special education students. One day he was in charge of the second trampoline when Steve, a new boy, started acting up. John merely picked him up, turned him over his knee, and gave him a good spanking!

When it was all over Steve said, "John, only you and Mr. Stein could do that!" Oh, yes, John almost mastered the front flip on the trampoline.

PATTY was a trainable girl who had little verbal communicative ability. She was very difficult to handle and quite negative in her attitude and actions. However, she loved physical education, especially rhythmic activities and those in which she had an opportunity to be creative—to spread her wings, to experiment, and to try things on her own. Patty's expressions and grunts of joy and satisfaction were testimonies of some of the benefits of this program to her. I was told by her teacher that the only positive responses of this girl came during her physical education period, and for the rest of those periods she was not nearly so hyperactive or a problem in the classroom. I now include several activities in a balance board series that Patty created.

CHRISTI, a pretty and fairly mature ten-year old girl, was sad faced, withdrawn, and quite noncommunicative. She seldom spoke, even when spoken to, and was reluctant to join the other children in any type of activity. However, as a participant in our Saturday recreation program Christi found herself, learned that she was somebody, and that she could have fun, achieve, and succeed. You wouldn't have recognized her after just three weeks in this program. Her whole personality changed as she joined in with the other children, helped with the younger ones, and willingly tried new activities. A warm smile was often seen on her now cheerful face, and she willingly initiated conversations with peers and adults with equal ease. Success and fun in basic rhythms, exploration of movement, ballet, and baton twirling triggered this metamorphosis.

CHARLES was ten, could read very little, and cared less about school. In fact he had very little interest in anything and would fly into a crying tantrum at the least provocation. Charles was stimulated, motivated, and challenged through physical education, where he was accepted as an individual, encouraged, and given activities at his level of development—those that were functional and meaningful to him. In the last two years great changes have taken place in Charles. He has greater poise and self-confidence, more self-control and emotional stability, a wider range of interests, and he reads. His mother recently told me that his love of baseball was stimulated through active participation in physical education. This created an interest and a desire to read—so he could follow his favorite baseball team and players in the daily sports section and in *Sports Illustrated*.

While these are specific examples, they certainly are not isolated cases. Most of you could relate similar stories about your own John's, Patty's, Christi's, and Charles'. All of these point to the importance of physical and recreational activities to the good and welfare, growth and development, and education and training of the mentally retarded.

What has been so special about the physical education and recreation programs in which these boys and girls have participated and gained so much?

Is it philosophy? Yes, if this means that programs are built upon the needs, abilities, and interests of the individual so that each can reach his maximum level of independence. I would have to agree that the philosophy underlying these programs is special, if by special we mean providing a functional curriculum that has meaning and significance to the individual, and is concerned with his total growth and development—physical, emotional, social, and moral, as well as intellectual.

Is the thing that makes these programs special the activities? Certainly—if physical education means participation in fundamental motor activities, exploration of movement, rhythms, dance, games, relays, swimming, combatants, and activities that promote better physical fitness; and if recreation means participation in arts and crafts, dramatics, musical activities, excursions, camping, hiking, clubs, and in the many physical recreation outlets. The special feature in activities must be in the experience curriculum—finding out what a hot dog cooked over a picnic fire tastes like by eating it instead of being told about it; feeling the thrill of hitting a homerun, as opposed to the vicarious sensation achieved from television or the grandstand; or catching one's first fish rather than being told of this spine tingling sensation.

Then the special part of these programs must be in methods, approaches, and techniques! Surely, that's it—if it means providing instruction regularly in a sequential and progressive manner with logical transition from one activity to another. Naturally placing emphasis upon concrete, nonverbal, and object orientation makes teaching the mentally retarded special. Only teachers of the retarded need to be flexible, creative, resourceful, and use ingenious methods in programs which emphasize active participation and doing by the child!

If each of us is personally and professionally honest we have to admit that the "special" in special physical education and recreation for the mentally retarded is not found in philosophy, activities, or methods. The uniqueness in preparing for this field lies in the physical educator or recreation worker learning about mental retardation, and the special educator learning about physical education and recreation.

However, there is something that has been overlooked in far too many programs for the retarded and which offers hope for stimulating, motivating, and challenging the retarded to levels of achievement and success not dreamed of by the most extreme optimist.

I submit to you that with a play, physical education, recreation, outdoor education, motoric, movigenic base or core—use what you want and call it what you will—we can reach the retarded and they can and will progress. These activities must be interpreted in their broadest sense as educational tools and potent learning devices. Recreation, for example, is more to the retarded than preparation for leisure time participation: recreation is education, and education is recreation; play is learning, and learning is playing, for the retarded. Recreational activities should be thought of as a method, approach, or procedure in educating the retarded. With this core the individual can find things that he can do, activities that he likes as he strives to be a champion at something. His pride in what he does, his self-respect and self-confidence, and his ability to start and see a task through to completion will be furthered. His sociability, adjustment to physical and personal environment, and emotional stability can be improved. These activities can teach cause and effect relationships, stimulate cooperativeness, induce the individual to be more competitive, and make him feel quite important.

The role of these programs in promoting better physical fitness, motor control, and physical proficiency has been shown on many occasions. From the time of the early philosophers the importance of the physical base and its contribution to total bodily function has been known. Today a great deal is being reported on the interrelationships of motor training and perceptual development. This offers great promise for educating and training the mentally retarded.

Reports have shown that active participation in physical and recreational activities have been instrumental in helping the retarded aphasic to speak, the retarded stutterer to speak smoothly, and the retarded worker to improve his productivity.

But, even more, these activities can be the stimulus and impetus for greater intellectual development. Retarded children have used participation in physical education, recreation, camping, and outdoor education as a basis for art lessons, oral expression activities, written assignments, arithmetic manipulations, music sessions, health discussions, safety understandings, creative thought, and problem solving. When something has meaning and significance for the retarded, they are much more likely to learn and to remember. Functional and practical learning is a must for the retarded, who will work for hours at a task when they are challenged and motivated. How many of you know boys who cannot do long division from the arithmetic book, but when they return to class from physical education they compute the percentage for the games their team won and lost? For the creative, innovative, and resourceful teacher of the mentally retarded, the potential of physical education and recreation is limitless. We have hardly scratched the scratch that has scratched the surface.

But results and benefits don't just happen by putting the retarded into these activities. Experiences must be planned and structured in such a way that the specific goals and the desired outcomes will result. All activities do not contribute to the fulfillment of the objectives to the same degree. Consequently the teacher, recreation worker, parent, or volunteer must select activities based on their contributions in meeting the unique needs of each individual. A prime concern is centered in just *what* the activity does for the individual, and not what *he* does for the activity. While we like to know what we are doing for children, it is far more important to know what we are doing *to* them. In conscience we must answer to ourselves if his inability to learn is a reflection of our inability to reach him.

A mind stretched by an idea can never be returned to its original size. Each of us is participating in this national conference to stretch our minds by listening, seeing, sharing, and thinking. However, the ideas we gather here will go for naught unless we use them as a spark for our own creative thinking, which will lead to enrichment of programs already in existence, and in promoting the development of new programs. Ideas have legs; we take them with us in writing, in print, in thought, and as an indelible spark to ignite action when we return home. Research and empirical evidence are showing the important role of physical education and recreation in the lives of the mentally retarded. With renewed effort, vigor, and dedication to this cause, our generation will not fail in its obligation to some of its more unfortunate members, and we will see that this group, while victims of fate, will never be the victims of our neglect.

LAURA MAE BROWN (MODERATOR)
Supervisor
Elementary School Physical Education
Webster Groves Public Schools, Missouri

Reactor Panel

E. Paul Benoit
Chief, Operation Research and Program Planning
Department of Vocational Rehabilitation
Washington, D. C.

Certainly we have had a substantial array of thought presented to us in the speeches by Trygve Lie and Julian Stein. I have no choice but to pull out a few major implications and emphasize a few selective points, not so much from the text of the presentations but from the thinking that emerges from some 19 years of struggling firsthand with the problem.

The first major implication that I gathered from the presentation might be expressed in negative terms: We will fail the retarded if we continue to make cognitive teaching the major point of emphasis of all our work. I think the same is true of concept formation, mathematical thinking, all abstract thought—indeed, all the symbolics generally. I am not saying that these have no place in curriculums for the retarded, but they had better not be the main focus of emphasis. The point is not to say that the mentally retarded are incapable of abstract thoughts, as the original Strauss publications emphasize, but that abstract thinking cannot fruitfully be a direct and major object of concern. We must strive to extend the mind by utilizing its potential in various ways other than by trying to raise the level of complexity in conceptual integration.

We can say something positive. We will develop the mentally retarded optimally if we maximize the utilization of physical factors or traits as opposed to mental. I think of the neuromuscular studies done at the University of Maryland. In a small way, but very dramatic and important way, these studies have shown that by giving the children physical experience, if only with a ball and a trampoline and other simple gymnasium equipment, they improve in a variety of ways, even in regard to social environment—in a greater willingness to become involved and more alertness. I don't know about their reading quotient—who cares? I just want them to be more human. And they are, if we emphasize the neuromuscular element, or part, of the person.

And then there is the social. There are so many things that we do to make ourselves meaningful to one another that don't require the multiplication table and the mastery of complex concepts. We must learn to be clever at weaving the mentally retarded into our social structure, in spite of their inability to climb the ladder of conceptual thinking. We have to learn to extend the limited sensory and perceptual ability of the retarded in the motoric and social spheres so as to increase personal independence and social participation.

I think we won't do this unless we focus on big society. We have been spending too much time on learning studies. We have been speaking as if this were antediluvian, but it's still with us. Read the journals! I have reached the point where I can't afford to read more than the titles these days, but the emphasis still appears to be on learning studies. We have to learn how we can stimulate in the masses a more productive and creative attitude—*in the masses.* And then we can talk to parents about finishing the parental task. And then we can do a little bit more about making the inadequate mind less inadequate. How? By having the outside person—the other person—bend a little. There is no future for the mentally retarded without mercy.

Gertrude Hunter
Head Pediatrician, Project Headstart
Office of Economic Opportunity
Washington, D. C.

I feel that I am deficient in making a presentation because in the past physicians have been delinquent in experience—call it what you will—in adaptive physical education programs for all disadvantaged children. They realize that it is important, but they are at a loss as to what exactly to do about it. The same thing may be said perhaps about Project Headstart.

Project Headstart is part of the War on Poverty, which believes that the cycle of poverty can best be broken by starting to work with the children—though not just working with the children but also working with the families. It was to be a multidisciplinary approach to the disadvantaged child, the child who is socially, culturally, economically, and educationally disadvantaged.

The programs were first introduced in the summer of 1965. At this time there were no special provisions made for programs for children with physical or mental handicaps, or they were not specifically spelled out as such. However, when we started funding programs, a demand grew specifically for programs for the mentally handicapped (which continue to operate at the present time). After the crash program in the summer of 1965, because of its success a billion dollar appropriation was made by Congress at the recommendation of the President, and we now have full-year Headstart programs going.

Again, these same benefits have been extended to mentally handicapped children. But the questions arise within Headstart grantees as to what they should do for children who show handicaps and do not go into special classes. We have attempted to develop some guidelines for them. We have worked with the Office of Education, and we have worked with special educators in developing these guidelines. We have other problems, too, in our program. Emphasis has been given to identifying children with minimal brain damage. How do we distinguish children with organic brain damage from those who are mentally handicapped because of their economic or social deprivation?

We who are researching evaluation grants of the Office of Economic Opportunity are attempting to give some support and some criteria as to how brain-damaged children can be identified. We are recommending to grantees that the strengths and weaknesses of children should be delineated, and this would be carried over to mentally retarded children. Disadvantaged children in some instances do not have as much impairment on their motor centers as of their intellectual function. It is important to recognize this asset that a disadvantaged child has. Build on it and help develop, recognize, stimulate, and encourage this self-image to create for the child success experiences, and reward experiences by recognizing his motor abilities. Conversely, there are children who are handicapped because of a specific impairment in their motor cortex. This should be identified and special techniques developed for working with the mentally handicapped child, who has additional burdens of handicaps in his fine motor apparatus.

We don't have the answers. I think that we have to look to you for many of the answers. If we make identification through psychological testing and through other types of examinations, we must work with educators and with those who are more experienced in this field of mental retardation, so that with our multi-interdisciplinary approach we can bring benefits and advantages to the disadvantaged.

G. Lawrence Rarick
Professor, Department of Physical Education
University of Wisconsin, Madison

How do we view the purpose of education for the mentally retarded? I think this is a key issue. Do we view it in a narrow sense or as a developmental phenomenon—one which embraces the child's total interaction in his environment as a physical social being? I think we can no longer be hidebound by tradition.

Physical activity has an important role to play in the education of mentally retarded children. Certainly the evidence is becoming increasingly clear that physical activity in and of itself is important for all persons, regardless of age, sex, or level of intellect. In the young we know that the drive for activity is especially strong. Need is felt by all children throughout the growing years. Is this basic need any different for those who are mentally retarded? Do we need to justify physical activity programs for these children on any other grounds than those which we justify for normal youngsters? The need for them to move freely, to explore their environment, to test their emerging physical power, to engage in the motor pursuits of our culture, to interact with their peers in games, sports and dances: these are as important for the mentally retarded as for children of normal intelligence.

We know, or at least are reasonably certain, that the educable mentally retarded youngster, while somewhat retarded in his motor development, is more nearly normal in this aspect of his behavior than in any other, with the exception perhaps of physical growth. We know also that the mentally retarded by and large have been dominated by a sense of failure, that their lives have, in a sense, been marked with frustration. Their attitudes toward new tasks is largely that of anticipated failure. Hence, motivation becomes a real problem in any learning situation for them. In the motor realm the opportunity for success is perhaps more clearly evident than in any other field. We hope that positive attitudes transfer. We are reasonably sure that with repeated success self-confidence will come, whether we speak of the normal or the mentally retarded. It is entirely conceivable that what we see in terms of improved learning in the mentally retarded (I am not referring to changes in intelligence but about the more receptive attitude for learning that we frequently see in mentally retarded children) is a function of their reorientation to the tasks with which they are confronted. Herein lies one of the big values of physical activity for the mentally retarded.

Let us also not forget that most of the young child's learnings and certainly many of the learnings of the mentally retarded are perceptual-motor in character. His concepts of form, texture, and space originate largely through his perceptual-motor mechanism. The break between the tangible and the abstract is broad and not easily hurdled. This can perhaps be most effectively bridged by keeping the sensory input high and by reinforcement to associated motor responses.

We also like to point to other concomitance of physical activity. Social learnings have already been referred to. How do children learn to interact with their peers? It has been said that play is the most important business of childhood. I suspect it is. And it is through the medium of play that most youngsters learn how to interact with their peers. They learn the significance of rules. Often they codify their own. What medium is more effective than the motor?

Then, last and perhaps most significant, there is the plain joy of being physically active. Every child ought to have the right to live out his childhood. I had that right and enjoyed it thoroughly. But how can one live out his childhood effectively without the skills required for effective interaction with his peers? And this, of course, becomes the task of the teacher. Again, the motor realm offers, I think, the most productive means of helping the child live out his childhood.

QUESTION AND ANSWER SESSION

Comments from Panel Members

DR. BENOIT

I would like to comment briefly on the goals of education. I think we have been very reluctant to be honest and realistic about the goals of education for the mentally retarded. I recall that in the early fifties they used to recite these things, and it ended with ". . . and economic usefulness." The next time you have insomnia, would you please ponder these words: "The true purposes of education for the retarded consist of preparing them so that we, their parents, can take them along with us as painlessly and elegantly as possible."

When you look at two or three thousand mentally retarded employed over a three year period on a national level, please don't talk about success. More and more people are finding it more and more difficult to make a substantial economic contribution to our society. Think that, too, in your next insomnia. An so people have to be prepared. People have to be prepared to live with the social amenities rather than for their hard-boiled economic usefulness.

Look, these are our children! We can't bury them—they have to be with us. Let's make them healthy, let's make them smile, let's look at them with something other than a sense of drudgery. Let's be happy with them. These are the purposes of physical education and education generally. And if we can make a few of them work here and there, let's be thankful.

DR. HUNTER

I have brought several references with me, things that we have tried to make available to members of our staff. One is an article published in *Children*, which is about mentally retarded teenagers in a social group. Again, the social development, along with the education development, deserves equal consideration. We also make available to those interested the book *Day Camping for the Mentally Retarded*, and encourage its use. An article published in the fall of 1965 in *Pediatric Clinics for North America* attempted to familiarize physicians with physical education programs for the disadvantaged; this article also dealt with physical education programs for the mentally handicapped.

Questions from the Audience

DR. HUNTER

This question asks for the author and title of the article in *Pediatric Clinics for North America*. I can't recall the exact author, but I know it was in the fall issue of 1965. The entire issue was devoted to school health and one of the articles was that on physical education for handicapped children.

DR. STEIN

The question was: "You mentioned the developmental concept of motor activities as important. Please explain or give examples of what you mean by 'developmental.' " I will use an example of a boy doing pull-ups. If he can't do pull-ups, then you move to the next thing down. Maybe that's hanging on the bar. If he can't hang on the bar then you rig one up under a chair where he is in a more horizontal position.

I think one of the things that we are learning from the retarded is that many activities we thought couldn't be broken down can be broken down further. Like, before the atom smasher, the furthest we thought we could take matter was to the atom. Now with the atom smasher we get down to the electron, the proton, the neutron. I think a wrestling coach at Colorado State College put it well when he said that he had wrestled from junior high school through college, had had an Olympic tryout, had been a very successful coach in both high school and college, and that working with the retarded made him a better intercollegiate wrestling coach. When teaching the retarded he had to break things down further—had to analyze holds, counters, blocks, and takedowns so that he could present them more progressively and sequentially. As he did this, he saw ways in which members of his squad could be helped to attack specific problems in many of the same moves and maneuvers. Certainly, working with the retarded makes one a better coach and teacher of the nonretarded.

Many of the devices you see that were developed by Dolly McGlowe at Laradon Hall for the retarded are great for primary, nursery school, and for the nonretarded. "Developmental" simply means progressive, step by step, or in sequential doses.

DR. BENOIT

This question asks: "How do we in education convince parents of your statement?" We are up here against the whole problem of parent counseling. In my last five years I suppose I have faced about 1,000 families, parents. And I have talked with them. I have taken time, a lot of time. And I have come to certain conclusions, first of all, that I *work at* the truth. I don't pour the whole truth in one load. It is a scrimmage, it's like a joust—I work at it. I may meet for an hour and say nothing that is relevant to my specific point. Just getting accustomed, you know, in the early days of fencing—you don't try to touché right away! It may be two or three times; it may be longer.

One woman I worked with every week for two years had hardly moved. I am telling you the hard facts, because if you think I succeed just like that you're mistaken. You may not succeed, but I believe you should face the truth and work at it and develop it, present it to the parents, hopefully in a way not to crush them—gradually, you know, with a certain economy. I have found that an important factor of being heard by parents is to be with them, share with them, empathize with them. Their problem must, in some way, become your problem. If you do it with this so-called professional, impersonal manner, then you are too cold about it. You are not going to communicate with this nine to five. You're not going to communicate in many ways and in many instances.

I recall one time: A parent came to me after having heard a charlatan until 6 a.m. the week before. I had no choice but to talk to the parent until 3 a.m. (it's as long as I could last). The parent felt that, my gosh, he must be telling the truth: look, his blood is practically pouring out of him! This kind of thinking seems to be an essential part. If you mean what you say, you've got to put your whole self on the line, and I am not speaking of theatrics. Do this tactfully, quietly, but in a way showing that you are involved and it is *costing* you.

DOLORES GEDDES
Director, Project Breakthrough
Boulder Valley Public Schools, Colorado

The Physical Educator as a Member of the Special Physical Education Team

The physical educator is a vital member of the special physical education team. It is in the learning situation supplied by physical education and recreation that the comprehensive program for the special child is put into action. I would like to describe the program we have in the Boulder Valley Public Schools, Boulder, Colorado, and give a few examples of the physical educator's part in the team.

We call our program "Project Breakthrough." The unique aspect of our project is its team approach in *breaking through* the barriers presented by mental retardation and bringing added illumination to the world of our students. Members of the team include physical educators, special educators, administrators, principals, psychologists, social workers, nurses, the Project Breakthrough Advisory Committee, the city Recreation Department, faculty of Colorado State College and the University of Colorado, and the Colorado Department of Education. Everyone joined forces in order to develop a program which would provide a series of success experiences in physical and recreation activities and contribute information concerning the effect of physical and recreational activity on the total growth and development of a mentally retarded child.

Those of us in physical education have been prepared to educate the individual by means of physical activities and develop him in the social, physical, emotional, and intellectual areas. In Project Breakthrough, we have tried to emphasize these areas and also to reinforce the learning process of the special class. We have found that it takes a combined effort from all personnel concerned, in order to establish the foundation for reaching these objectives.

There are numerous daily examples of the teamwork between the special education teacher and the physical education teacher in cultivating desirable social skills. Characteristics such as good sportsmanship, courtesy, democratic relationships, and citizenship are discussed in the gymnasium and in the classroom, with both teachers working together to support the same basic social relationships which are necessary for the child to have in order to function efficiently in the world around him. These skills are stressed and refined from preschool through secondary school, with final carry-over emphasis on the social skills necessary for keeping a job.

One of the more obvious areas of emphasis is that of physical conditioning. We all have a basic understanding of the contributions that physical activity can make in the development of the individual. It is particularly important for the mentally retarded child, since he may have secondary physical handicaps and because he may not have the background experiences in neighborhood and community play. In Project Breakthrough, medical records and physician's recommendations are considered in implementing the necessary activities for each child. The physical development of the child is emphasized from elementary through secondary levels. In addition, we work with the senior high special education teacher in defining particular physical and motor ability areas that need to be developed, in order to qualify a student for a specific job position. Several members of the special education staff at Colorado State College were consulted regarding this idea.

I would like to tell of an example related by one of the professors who supported this practice. He mentioned the situation of an educable mentally retarded girl who was quite skilled in sewing. She had been placed in a job where she actually could do as well as, or better than, the nonretarded employees in operating a sewing machine. Everyone felt that the problem had been solved concerning her employment, but they were surprised to find that she had resigned several weeks after she had started. It was explained that this girl could do good work for a short period of time, but was physically incapable of maintaining the working pace after several days. The implications of this example are obvious: it is entirely possible that this girl could have held the position if she had had a foundation of vigorous physical activities which would have provided her with strength and stamina.

Several weeks ago, I was instructing a primary class in the game of dodge ball. The ball rolled out of the circle and through the legs of a wooden barricade. One boy, with whom we had previously had a great deal of difficulty because of his bizarre class behavior, was disturbed because the ball was not returned through the legs of the barricade. He kept repeating, "Make it go through the hole!" It was apparent that he felt that the ball needed to return through the "hole" in order for everything to be in order. On another occasion, this child spent the major part of a physical education class period fussing with his new tennis shoes. In fact, his preoccupation with the evidently disturbing condition of his shoes precluded his taking an active part in the class. After class, I talked to him concerning his problem. He maintained that one shoe had egg on it, and he simply had to take it home and wash it. The learning situation had been destroyed because of his psychological problem with a shoe that appeared spotless to my eyes.

Here was an instance where I needed the assistance of other members of the special education team. I discussed this behavioral problem with the school district's psychologists and special education personnel. If I had been a physical educator working without special help, I would have been unable to determine if this were compulsive behavior or a type of perceptual problem and, accordingly, I would not have been able to approach the situation appropriately.

In addition to the development of social, physical, emotional, and intellectual skills, there are other essential areas that are emphasized in the total development of the mentally handicapped child. I could give many examples of the teamwork that goes on at the local level in coordinating the learning activities in special education and physical education. However, here I would like to mention only the state's position in the team approach.

The state level should be considered if the special physical education program is to be of value. We worked closely with the Colorado Department of Education in establishing Project Breakthrough. John Ogden, who is a member of this panel, is the division director of Special Education Services, and has been very active in our program. In addition to providing information concerning state requirements in special education, he was instrumental in establishing a regulation which provides partial salary reimbursements from state funds for specialists who teach the handicapped. An active member of the Project Breakthrough Advisory Committee, he has consulted with our staff regarding the coordination of special education and physical education. The state of Colorado has also approved Title I funds of the Elementary and Secondary Education Act of 1965 for the Boulder Valley School District. Some of these funds assist in the Project Breakthrough program and also provide a summer program for the educationally disadvantaged group, which includes the students in Project Breakthrough.

If we are to consider the coordination of the local and state levels with the national level, then I would like to point out that all of us present at this national conference represent a national team. No matter from where you are, you all have something to contribute. At the end of the conference, you will return to your own community. It is up to you to take the information gained and adapt it to your own specific situation at home.

JOHN A. OGDEN
Director, Special Education Services
State Department of Education
Denver, Colorado

The Team Approach in Programing

Handicapped children have for many years now been second class citizens. In our affluent society you either conform to the established standards and norms, or you don't participate. This has been the case with handicapped children in the public schools. As I think back to my many visits to school districts and classrooms for the handicapped, particularly the mentally handicapped, I remember the familiar refrain in discussing with local school people the program for the children:

> We have such a wonderful program—we integrate our children into regular programs. Why take physical education, for example: 10 of our 15 pupils are integrated into regular physical education classes. Jimmy and Johnny are the only two that do the same things the rest of the class do—but the others are so thrilled to be with regular students. What did you ask? The other five? Oh, their physical coordination is so poor they just ruin the physical education class; so they stay here in the classroom and color. And, oh, by the way, can you give me some suggestions on how to handle those five? They can be such problems at times. Really, they give me more trouble than all of the rest.

It would seem to me that by the very nature of handicapping conditions, handicapped children need a planned program of physical education more than any other child. Handicapped children are not apt to be engaged in after school, weekend, or other out-of-school activities. Because of their limited mental or physical abilities, they need a program planned to meet their needs, and planned and executed by competent and well-trained personnel.

Colorado has been energetically involved in this field and, therefore, is in a very fortunate position to move ahead. The Boulder School District received one of the six grants from the Joseph P. Kennedy Jr. Foundation. Mrs. Geddes was employed to initiate and run the program. She has received support—support above all expectations—from the director of physical education, director of special education, and the superintendent of schools. They have expanded well beyond that which was made possible by the grant. Because of this activity in the Boulder Public Schools, we not only have a showcase and an example to follow, we also have a valuable source of consultation.

Colorado State College at Greeley, which already has one of the nation's leading special education training programs, received a grant under the higher education law to train teachers of physical education to work with mentally handicapped children. It is the only such program to my knowledge in the United States. Under the cooperative leadership of Tony Vaughan and Vincent Cyphers, considerable activity has been stimulated. They have sponsored several workshops and in general have done an excellent job of promoting the idea of physical education for the mentally retarded in Colorado.

At the state level, we have also taken at least one very important and vital step. Noting the activity mentioned above, I realized that local districts would need financial assistance. In Colorado, we have a very progressive and easily administrated special education law. It provides that the school district be reimbursed for 80 percent of the salaries of approved personnel. A proposal was sent to the Colorado State Board of Education to include as approved personnel physical education teachers who spend full time in physical education programs for handicapped children. Incidentally, also included in this proposal were teachers of arts and crafts and of music. The Board approved, and the plan went into operation the beginning of the 1966 school year.

I feel that state departments of education must take strong leadership in this area if the programs are to be generally successful and widespread throughout all school districts in the state. True, some districts such as Boulder may progress well without such leadership, but these instances will be few. To provide leadership, there will have to be consultants on the state education agencies' staff. Most departments of education are already understaffed, and there are many priorities. How such consultants can be financially supported, I don't really know.

Lastly, I want to discuss certification. I don't know at this time just what program should constitute a sequence for certification as a teacher of physical education for the handicapped. Obviously he should first of all be thoroughly well trained as a teacher of physical education. But beyond that, how much special education should he have? I am not prepared to say. In Colorado, for the present, we will handle this problem administratively. We will require certification in physical education. We the Division of Special Education and Certification will call upon the staff members at Colorado State College and Boulder Public Schools and our own consultant in health and physical education to advise us as to what further training should be required.

JANET POMEROY
Director
Recreation Center for the Handicapped, Inc.
San Francisco, California

Recreation and Day Care for the Severely Retarded in a Community Setting

San Francisco's Recreation Center for the Handicapped, Inc., has recently added a new dimension of services for the retarded through a planned community teamwork approach to programing. The Center has been providing recreation services for the severely physically handicapped and mentally retarded for 14 years. However, the increased national recognition of the needs of the retarded, together with some practical methods of approach to the problems, which have in turn filtered down to the local level, has enabled us to greatly expand our services to include large numbers of the retarded who were previously confined to their homes or in institutions.

The Center's total enrollment is currently 415, with ages ranging from two to adults in their seventies, and the majority are mentally retarded, varying from profoundly retarded to mildly retarded. Activities which are conducted six days each week and evenings from 9 a.m. to 10 p.m. Monday through Saturday include a wide variety of recreational and camping programs.

A recreation staff of 45 full-time personnel, with the help of about 125 volunteers each week, conducts the program. Most of the volunteers are students from local colleges, majoring in recreation education and related fields. High schools and teenage volunteers are also very active. Transportation is provided by the Center, utilizing five buses, five full-time drivers, and a dispatcher. The buses have been donated by local foundations. The facility, which was originally an old restaurant on recreation and park property, is rented from the Recreation and Park Department at $1.00 per year. The Center is still financed primarily through voluntary contributions raised by the Board of Directors, but receives some public funds from the San Francisco Recreation and Park Department and the Community Mental Health Services on a contractual basis.

There are 22 different programs conducted weekly. Two specific programs for the mentally retarded which I would like to describe have been added recently to the Center's other regular programs. These were made possible through the efforts and cooperation of a great many agencies, groups, and individuals in the community. They are—

1. The day care program for severely retarded children who are not accepted in any school.
2. The recreation program for retarded teenagers and adults who have recently returned to the community from state institutions.

DAY CARE PROGRAM

Our day care program grew out of an urgent need for some type of service for severely retarded and multiple handicapped children not accepted in any school. At this time there was no program available for these children in San Francisco, and parents were in a state of desperation with the 24-hour a day care of children, most of whom were crib cases with IQ's as low as two and three, ages 2 to 16. Many were on long waiting lists for state institutions. A local pediatrician, Hulda Thelander, who is also director of the Child Development Center and serves on our Board of Directors, had identified 80 of these children as being in urgent need of some kind of program.

Dr. Thelander encouraged us to start a day care program for these children and worked very closely with us in initiating this service. Although the Center had no funds for which to start such a program, we did have the facilities, some transportation, and some volunteers. We met with parents, outlined what we could do, and started within two weeks of our initial meeting. Parents agreed to pay $50 per month for a period of three months. Our initial plan was to operate three days each week from 9 a.m. to 3 p.m. to start, as a pilot project. Parents also loaned cribs, clothing, diapers, blankets, etc., and other equipment and supplies.

We started with 12 children, held a press conference, and stated our need. A local TV newscaster televised our program in operation, outlining our need for volunteers, equipment and supplies, transportation, and funds. We were flooded with cribs, diapers, toys, etc., obtained some wonderful community volunteers, some funds, and a washing machine!

Immediately we began to explore ways of financing this program, since the waiting list increased daily. By this time over 200 children were actually identified. Through contacts with a state senator, we learned of some project funds available for day care programs for the retarded under state legislation. However, these funds were given primarily to educational institutions and/or agencies licensed by the Department of Mental Hygiene. Obtaining a license from the Department of Mental Hygiene took several months, since it was contingent upon fire clearance by the state fire marshal. The fire marshal said he would grant clearance only if we installed a sprinkler system, which we discovered would cost somewhere around $10,000. Such an expense would leave us no money to operate the program. After many meetings and discussions, we finally persuaded the fire marshal to grant temporary clearance on the condition that we could convince the city Recreation and Park Department to install the sprinkler system. Six months later we did convince the city, and clearance was granted. We received the license and $7,000 under state legislation.

This sum was not renewed the following year, however, due to a cutback in legislation. Since then, from time to time, we have received some federal funds from the City Social Services through Aid to Families with Dependent Children, and day care funds from the State Department of Social Welfare.

Progress to Date

A great deal of progress has been made in this program during its two and a half years of operation. We are now operating six days each week from 9 a.m. to 3 p.m. Since its inception we have had a total enrollment of 138. Currently there are 67 enrolled. We believe that we have a great deal of tangible evidence to show the benefits of recreation for the retarded.

The opportunity to be with other children is perhaps the greatest benefit derived from the day care program for severely mentally retarded children. Many of these children have been deprived of the normal kind of fun and enjoyment associated with childhood. Parents have stated that their children have no one with whom to play. Through this program, children have learned to play together for the first time, and have experienced the joys of companionship. Children who have been timid and withdrawn have responded favorably to group play. They have shown an increased interest in people and in a wider range of activities. The more aggressive children have learned better self-control. Many have demonstrated an increased willingness to take turns and to help one another.

We know that the relaxed atmosphere has provided mental stimulation for learning for some children who were formerly pressured into highly structured programs. Through recreational activities provided, children at the Center have learned to speak, to feed themselves, to comb their hair and lace their shoes, and some have been toilet trained. Some children who have no speech have learned to communicate.

A staff person recently wrote of a mentally retarded boy of eleven with a neurological handicap:

> According to Edwin's medical report, he had no speech when he entered the program one year ago. Today he greets staff and volunteers with simple phrases, answers questions put to him, conducts the morning singing group, and plays with the other children in the program. He assists staff in sorting all of the children's lunch boxes, and on the bus trip home he calls out the names of the children shortly before they actually arrive at their doorstep.

To quote from the mother of a nine-year old mentally retarded boy:

> Since he has been attending the Center there has been a great change in him. He speaks more often, and wants to do things for himself, whereas he didn't before. He tries to brush his teeth and clean himself up. But most of all he loves to mix with the other children. Before he came to

the Center, he would always stay in the house and look out of the window watching the other children at play. Now he gets out there with them. At his last six months check-up, the doctor was amazed at the progress he had made.

We feel that our greatest achievement lies in the fact that of the 138 children who have participated in this program, we have been successful in enrolling 36 into special schools for the handicapped, or in special classes in regular schools, or in regular classes in regular schools. This accomplishment prompted the director of the Child Development Center to write recently to the San Francisco Coordinating Council on Mental Retardation to state:

> I feel it is an error to place these children primarily in an education program under the Department of Education. Even though the children are 8, 10, 12, and 14 years of age, when they have IQ's as low as two and three, they still learn better by play than by academic training. This observation is not generally known, although we have tried to emphasize it very much in our work. The parents who have taken their children to the Recreation Center for the Handicapped realize that the children are learning a great deal through the method of play.

Recently a psychologist called me and was very excited about the results of a test he had made on a four-year old cerebral palsied child. Nine months ago she came to us with an IQ of 30. The prognosis was that she would never be accepted in any school. After nine months she was retested to reveal an IQ of 67. She has now been accepted in a school for the retarded.

A therapist visited the program who had not been there for several months, and observed a boy of seven feeding himself. She was amazed and asked if we could relate step by step just how we taught him to eat. She said, "Did you start him by sipping through a straw, did you blow on the spoon, or how did you teach him?" The staff was puzzled at her questions. "We did none of these things. He just started to eat."

Some of the activities which have been so successful include music and dance, nature studies, water play and mud pie activity, corn meal play, low organized games, storytelling, and trips to a farm, the zoo, and into the community. Day camping, including overnight camp-outs, are among the most popular activities.

RECREATION PROGRAM FOR RETARDED TEENAGERS AND ADULTS WHO HAVE RECENTLY RETURNED TO THE COMMUNITY FROM STATE INSTITUTIONS

This program has had greater cooperation and support from the community because of the newly formed San Francisco Coordinating Council on Mental Retardation and the Information and Referral Services for the Mentally Retarded. Both of these agencies were established with federal funds. The Coordinating Council is funded through a grant from the Vocational Rehabilitation Administration, and the information and referral services are financed by the National Institute of Mental Health.

Last year, in working with these agencies, we began to organize a step-by-step plan for expansion of our services to include those mentally retarded who had been released from state institutions into the community under the guardianship of "caretakers." Approximately 300 of these persons have been referred to us and were put on our waiting list for recreation programs. Ages ranged from 17 to adults in their sixties.

By working closely with the Coordinating Council on Mental Retardation, we were able to work out two definite plans for extended recreation services in the community for these retarded. They were—

1. Expansion of services in our own facility, through day care funds from the State Department of Social Welfare.
2. Expansion in our recreation program into neighborhoods where large groups of the mentally retarded are living. Statistics on the retarded in these neighborhoods were determined by a survey made by the San Francisco Coordinating Council on Mental Retardation.

The first plan was put into effect July 1, 1966, when we enrolled an additional 83 mentally retarded into our facility for five days each week. As a result, our waiting list has been reduced to about 215 at present. Activities for this group have included community singing, square dancing, rock and roll dancing, arts and crafts, table games, talent shows, skits and charades, swimming, picnicking and boating, gymnastics, trips to places of interest in the community (like museums, baseball games, the zoo, theaters, ice follies), camping out, and karate. Trip camping, which proved to be one of the most popular activities for this group, has been conducted several times this summer in primitive camping areas in state parks.

A medical team of five, consisting of a psychiatrist, a social worker, a rehabilitation counselor, a vocational counselor, and a therapist has been assigned by the Community Mental Health Services to assist our staff. This team is just beginning to visit the program to learn of ways in which they might be of service to the staff.

Future Plans

Current plans are already under way to start similar programs in three neighborhoods where many of these persons live, namely, the Mission District, Hunter's Point, and Chinatown. A building has already been located in the Mission District, and is currently being renovated by the city. The city will also pay the rent for this facility, because it is privately owned. The Recreation Center for the Handicapped will operate the program with day care funds from the State Department of Social Welfare. The Community Mental Health Services will serve as the fiscal agent.

A neighborhood coordinator will be furnished by the Coordinating Council, and the team of specialists will be under the direct sponsorship and supervision of the program chief of Community Mental Health Services. Long-range plans also call for physical expansion of the Recreation Center for the Handicapped facilities, which could eventually serve many of the retarded now waiting to be included in programs.

CONCLUSIONS

While we feel that we have made a great deal of progress through a teamwork approach in serving the recreation needs of the mentally retarded in San Francisco, there is still a long way to go. The provision of successful recreation programs for the retarded in a community requires complete cooperation between public, private, and voluntary agencies. It is a joint responsibility, and in order to be successful, it requires grass roots planning involving a variety of persons, agencies, and community groups, all of whom have a unique place in helping to provide this service. In particular, representatives from medicine, health, education, and welfare can help us to place recreation in its proper perspective, by stressing its importance and benefits together with other services for this large segment of our population which has been too long neglected.

Mimeographed Materials Available upon Request from the Recreation Center for the Handicapped, Inc.

1. Proposed plan for conducting a day care center for severely physically and mentally handicapped children
2. Proposed plan for expansion of a day care program
3. Proposed plan for day activity services for the mentally retarded in the Mission Neighborhood
4. Report of the day care program for the mentally retarded covering March 1964 through October 1966
5. Annual report of the Recreation Center for the Handicapped, Inc., 1965-1966
6. Fact sheets, brochures, and program materials

GEORGE T. WILSON
Assistant Director
Division of Municipal Recreation and Adult Education
Milwaukee, Wisconsin

A Community Recreation Team Approach to Programing for the Mentally Retarded

The discipline of community recreation has an obligation to program for all segments of the community, and particularly for those whose recreation opportunities may be limited. The physically or mentally handicapped are per se disadvantaged and as such need to receive more attention from community recreators.

Programs for the retarded require a community teamwork approach. There must be a close liaison with other agencies, especially institutions of higher learning; special education divisions of the local schools (public, parochial, and private); parents groups; community agencies in the broad areas of education, health, and welfare; the total resources of the recreation department itself; interested individuals; groups in the community; and, of course, the prospective patrons. Community recreation departments closely allied to or part of school systems are in a favorable position to develop programs. They are also in an enviable position of being able to apply for assistance through the Elementary and Secondary Education Act (ESEA).

Many other project opportunities and private grants are also available. However, community recreation has been timid about programing for both the physically and mentally handicapped. One of the major reasons for the lag may be that the knowledge of adaptive programing and the skills needed to do a teamwork job have been lacking within the staffs of many departments. Other reasons, too, account for the obvious lag in this field.

The key word in developing recreation programs for the retarded is "adaptation." The retarded have the same basic needs for recreation and physical education as anyone else, but frequently the degree of need is intensified.

Community recreation should have two broad concerns in programing for the mentally retarded. One concern is for the children and adults who are mentally retarded, but who do find their way into normal recreation programs and frequently make an adjustment that enables them to recreate with others on an even basis. A survey of the Milwaukee Recreation Division's 1966 summer playground program showed that there were 146 identifiable retardates who were able to adjust with minimal assistance in the regular program on 60 of 120 playgrounds. No doubt more were adjusting but could not be identified. Those not adjusting have been referred to the sheltered programs. The other concern is for those who cannot find their way into the regular activities and are unable to participate and compete without encountering difficulties. Community recreation must program for this group by adaptive programs, budget, staff and facilities. Such programs are referred to as "sheltered programs." One important goal of such a program is to enable its patrons to move into the so-called normal program as quickly as possible.

The Milwaukee Recreation Division activities for the handicapped grew from pilot projects to year-round programs over a four-year period, largely serving persons from 6 to 19 years of age. The programs were recently expanded to include groups of adults. The pilot projects grew out of a very careful analysis of needs to supplement and complement on-going community programs. Opportunities are provided for centralized and neighborhood programs on a sheltered basis, as well as activities in which retardates are encouraged and helped to participate in nonsheltered activities.

This year-round program emphasizes the importance of working cooperatively with a great many persons and organizations, the need to seek out a staff with some basic background in work with the mentally retarded, and the need to provide further in-service education opportunities for the staff. It also points out the necessity of utilizing the many and varied facilities of the community in the widest possible manner and supplementing the budget with private funds and grants for which the agency may be eligible.

One of the most important facets of the entire program is a sound evaluation which takes into consideration comments from patrons, staff, parents, and outside sources. Evaluation of the Milwaukee Recreation Division program is conducted by the psychological services staff of the Milwaukee Public Schools, which evaluates all those programs conducted wholly or partially with federal project funds.

WILLIAM RAPP
Consultant for Physical Education
Joseph P. Kennedy Jr. Foundation
Washington, D. C.

Play Facilities and Equipment for the Mentally Retarded

As we watch a normal child on a playground, we see him move rapidly and confidently from one piece of equipment to another and from one activity to another. He is creative and imaginative and he plays happily and enthusiastically. This is not the case with the retarded child. The retarded child is not as creative or imaginative as his normal counterpart. He cannot be turned loose and be expected to use equipment properly or to participate in normal activities with his contemporaries of the same chronological age.

The retardate needs to be *taught* to play. He needs to be taught skills. He needs to develop physical fitness. He needs to develop his coordination. It is for these reasons the "Learn To Play Center" was developed. The Learn To Play Center is the brainchild of Frank J. Hayden of the Joseph P. Kennedy Jr. Foundation.

Dr. Hayden, at the instigation of Eunice Kennedy Shriver, surveyed our present-day playgrounds and equipment and found them not meeting the needs of the retarded. There was no provision for progression of activities which would allow a retarded child to start at a very elementary motor level and progress as his skills developed.

What was needed was a new concept in playground design, one that would allow a retarded child to *learn to play* and would provide opportunity for teachers, parents, and volunteers to work with the child in a learning-playing environment. The result is the Learn To Play Center, which I would like to describe to you.

The entire playground of the Center covers less than three acres. It is characterized by having a number of play areas physically set apart from each other to provide privacy and minimal distraction. One of these features is the Grasstex track which goes around the central area, providing access to some of the play area and in itself a learning area which provides the opportunity to walk, run, ride a tricycle or bicycle, roller skate, coast in a wagon or soapbax derby car, or be pushed in a wheelchair. It separates from the rest of the playground a treehouse area, a reflecting pond, a camping area, and a hand or foot operated railroad area. The last area also includes equipment for beam walking and swinging across a sanded depression.

Another feature that makes this playground different from any other is the center area, which is excavated to a depth of 10 feet. In this area are found a swimming pool, which ranges in depth from 6 inches to 4 feet, and which is designed primarily for teaching; a family picnic area; sidewalk games; play walls that permit progress from merely rolling a ball to playing handball; a large grassy playing field for soccer, baseball, etc.; a depressed area to be flooded for skating; and the play hill, which allows the child to roll and slide in the summer and to slide and ski in the winter. The hill progresses from a long easy slope to a shorter steeper hill.

The central building has access by stair, by a raised ramp over the track, and by a sloping ramp for wheelchairs. The lower floor contains locker facilities and showers for the pool, offices, storage, and a snack bar. The upper floor has a cantilevered roof which serves as a large support-free area for dancing, for meeting space, or for presentations on a puppet stage or regular auditorium stage. The area at the end of the shelter has space for basketball or roller skating. Scattered throughout the playground are several animal shelters, which provide a petting zoo of domestic animals and allow the children to get close to the animals. Each activity area is designed for minimal distraction, optimal supervision, and an opportunity to progress.

Playgrounds adapting many ideas of the Learn To Play Center are scheduled to be built on several sites in the United States. The plans are available for your inspection, and I hope that this quick look at the Center has stimulated your thinking and caused you to evaluate the playgrounds and equipment in your home areas. There is much that can be done to improve the playground learning laboratory, and I urge you to do some experimentation.

This playground with its fine features is probably beyond your present resources for many of you. It is not necessary, however, to spend $100,000 or more, or to have three acres to improve on what is ordinarily found on a playground for the retarded. Much of the equipment designed at Laradon Hall in Denver and found in their "Garden of Hope," a playground of less than one-half acre, has been built from materials readily available and costing very little. It serves the same function, however, by providing for various levels and progressions of learning. It is colorful, unique, and interesting.

There is a great deal of research needed in the improvement of play areas, and the field is wide open for new and creative approaches to equipment and playground design.

LOUIS BOWERS
Department of Health and Physical Education
University of Southwestern Louisiana, Lafayette

A Program of Developmental Motor Activities for Retarded Children

Although many of the motor activities and teaching techniques included in this presentation originated in the children's physical developmental program of the University of Southwestern Louisiana during the period of time from 1961 to 1966, it would be unfair not to give due recognition to the many educators who very early recognized the importance of motor development in young children. It is quite impossible to include all those who are deserving and to cite their specific contributions, but their major work is presented in a selected bibliography.

The author wishes to further acknowledge and give thanks for his own introduction to this area of teaching through an experience of participation in a physical education program for exceptional children directed by Warren R. Johnson of the University of Maryland.

The potential contributions of physical education to the retarded child would certainly include an increased level of physical fitness, development of desirable social traits, and the acquisition of motor skills. The performance of nearly any motor skill is dependent on at least a minimal level of fitness, and in turn participation in a social developmental type of group activity requires a certain degree of motor skill. Upon examination, therefore, we see the three objectives as interdependent, with improvement in one being capable of contributing to the other two.

The purpose of this presentation, however, is to spotlight the possible contributions of physical education which are of a motor developmental nature, while not denying the importance of physical fitness and social development. More specifically, the areas of concern will include a summary of the patterns of neuromuscular development from infancy through late childhood and a presentation of a developmental motor activity approach to improving the neuromuscular coordination of retarded children.

NORMAL NEUROMUSCULAR DEVELOPMENT

The results of the child development and neurological studies of Gessel, McGraw, and Hebb are in general agreement that the earliest motor responses in the infant are of a mass reflexive nature. These are closely followed by reflex postural movement patterns, which are also of an involuntary nature. It follows also that after the random movements of exploring direction in space in relationship to the body, voluntary purposeful movement ensues, which leads to such performances as turning the body over, pulling the body up, and grasping and manipulating objects. These purposeful movements of a nonlocomotor nature precede and are basic to such locomotor movement patterns as crawling, walking, running, hopping, and skipping.

The above developments from infancy through late childhood take place in a cephalocaudal direction. Development begins with the simple reflex movement patterns, which become increasingly more complex as the child matures and develops. It is mastery of the lower levels of motor patterns which provides for maximum performance in the higher more complex motor skills. Further, the development in control and coordination of the small muscles utilized in fine and precise performance comes after the development of the larger muscles, which produce gross movements of the body. When the child attains a new neurological maturational level, he repeatedly performs the movement permitted by his recent neurological development until he masters it, and then his interest in it subsides somewhat.

While the neuromuscular development of children occurs in a sequential pattern, there are considerable differences among children in regard to both the time of onset and the duration of each developmental level. In addition, the pattern of development within a given child might be quite uneven.

Indeed, our knowledge about the neuromuscular growth patterns of children has many implications for planning educational activities designed to stimulate and enrich the neuromotor development of all children, but it is perhaps of even greater significance in planning programs for the retarded.

As pointed out above, it is the mastery of neuromuscular control and coordination at one level of development which serves as a basis for performance in the next highest level and in all levels above. When there is inadequate development in neuromuscular coordination at any level, the subsequent level of performance will be less than optimal. This does not mean that a child failing to acquire the muscular coordination found in optimum crawling will not learn to walk or run, but his walking and running performance will be less coordinated than it might have been, and the more advanced and complex locomotive skills such as jumping, hopping, and skipping will be even more noticeably lacking in proficiency. This neuromotor disorganization as seen in some children may be severe and quite recognizable, while in others it may be mild and easily noticed only in skills requiring fine and highly coordinated neuromuscular performance such as hand-foot or hand-eye skills.

While there could be many reasons for improper motor development, one which stands out above others is the lack of repetition of movement experiences during the period of time in which neurological growth and organization at a given level of development was proceeding in the individual. In some children there can be an omission of or interruption in the motor experience in any of the various developmental stages. Illness, accidents, overprotective parents, and environmental conditions are only a few of the possible causes of failure to develop optimum neuromuscular coordination at each level of development.

Inadequate motor development occurs in a surprisingly large number of so-called normal children and an even larger number of retarded children. The usual reaction to the motor problem of the pathologically retarded child is that the entire problem is due to damage of the central nervous system. Although there is no doubt that the pathological condition is a basis for the retarded child's motor inadequacy, it does not exempt him from the other causes of improper motor development experienced by the normal child. In fact, the retarded child is probably more prone to have missed participating in the necessary movement experiences and neuromotor activities as a result of overprotective parents, insufficient self-confidence, awkward and unsure performance, or late neurological maturation.

The motor developmental approach is therefore one in which an attempt is made to strengthen those movement patterns at any level of the child's development which are lacking in coordination. A strengthening and integration of the blocks of motor performance in the foundation of total neuromuscular performance is the objective of the activities utilized.

Through evaluation of the child's general level of performance, the teacher is able to start with activities at his level of function and progress to the more complex and more difficult neuromotor skills. The activities to be engaged in are arranged in a sequential order according to the normal pattern of neuromuscular development of children. Although activities are repeated until sufficient mastery is acquired, the child is allowed to participate in the more complex activities in which he is also performing inadequately. The author feels that the child thus has the immediate opportunity to integrate his newly learned basic motor skills and —from a practical teaching standpoint—is provided with a variety of different activities above the basic level.

Measures of Neuromotor Fitness

Name	Age	Height	Weight

1. Hand preferred in throwing, writing, etc. R __ L __
2. Eye preferred in using telescope, aiming, etc. R __ L __
3. Foot preferred in kicking, stepping up, etc. R __ L __
4. Ear preferred in listening to sea shell, watch, etc. R __ L __
5. Eye-hand reaction time measured with a Nelson reaction timer: 5 trials.
_______ _______ _______ _______ _______ Average _______
6. Eye-foot reaction time measured with a Nelson reaction timer. 5 trials.
_______ _______ _______ _______ _______ Average _______

7. Grip strength of right and left hands measured with an adjustable hand dynamometer. 2 trials.

R _______ _______ L _______ _______

8. Static balance—modified Bass Stick Test. Subject maintains balance as long as possible while standing on preferred foot on 2″ x 2″ x 5″ wooden block. Time is measured from beginning to loss of balance. 5 trials.

_______ _______ _______ _______ _______ Total _______

9. Agility—three-block test. Three small wooden blocks 1″ x 2″ x 4″ are placed on end three feet from initial starting point and from each other. The subject is timed during the completion of the task of picking up each of the three blocks individually and returning them to the starting point.

Time ___________

10. Power—standing broad jump. Measured distance between front of feet to nearest rear heel upon landing after a two-footed jump. Performed on mat.

__________ __________ __________ Average __________

11. Speed—ten-yard dash. Time required to run ten yards

__________ __________ Average __________

12. Visual perception and hand coordination test. Time required to place two circle, square, triangle, and diamond shaped blocks in a correspondingly shaped hole in an upright 1″ x 3′ x 3′ board.

SUGGESTIONS IN TEACHING DEVELOPMENTAL MOTOR ACTIVITIES TO RETARDED CHILDREN

1. Dress in a teaching uniform which will enable you to demonstrate any of the activities, since you will probably have to show most of the children how it should be done.
2. Get to know the children's names and let them know yours. Repeat both your name and theirs often.
3. In observing and evaluating the children, always attempt to look at each not only from the physical performance standpoint, but also at his social and emotional performance.
4. Measures of the performance of the children should be informal and made a game of whenever possible. No measure which is inappropriate to the motor development of the child should be forced on him.
5. Utilize the mental age interests and imagination of the children in providing motivation in certain activities, but also guide them toward those activities which will help them the most.
6. When a child has successfully accomplished a motor skill, let him repeat it a number of times, enjoy it, and gain real self-confidence, before rushing on to a more difficult skill.
7. The teacher should be generous with encouragement and praise any real achievement, be it ever so small.
8. Do not be too insistent on quality performance, because most of the activities are designed to enable the child to benefit from the movement experience inherent in the activity.
9. The instruction part of a lesson should be conducted early in the period with the physical fitness activities coming later.

10. It is wise to start the class period on time and end on time, even if the children would perfer more, for it is better to have the children looking forward to a planned activity at the next class meeting.
11. Encourage the children to verbalize while they are performing motor activities. Attempt to relate the movement and words to that which they study in the classroom.

Developmental Motor Activities

The motor developmental approach is one in which the level of motor development of the child is evaluated through his ability to perform motor skills in the various levels of development. The motor skills prevalent at the level in which the child is lacking are emphasized so that he might build a basis for performance at the higher levels.

The program is divided into five main areas, which include movement exploration, balance, airborne activities, hand-eye manipulative skills, and perceptual skills. Few of the activities are conducted for the specific purpose of developing a particular skill, but rather for building neuromuscular patterns and reactions which are inherent in and transferable to higher motor skills. Many of the activities are repeated with the children under different environmental circumstances so that the motor skill developed will be flexible and adjustable rather than rigid.

Movement Exploration Activities

The initial nonlocomotor activities will be performed lying on the back or stomach, and the activities will be repeated in the upright position. The motor skills are ordered so that they become increasingly more difficult and challenging.

Nonlocomotor Movement

1. Startle reflex
2. Advanced startle reflex
3. Abduction—adductation of arms
4. Abduction—adduction of legs
5. Abduction—adduction of both arms and legs, alternating sides
6. Abduction—adduction of right arm and left leg, alternating sides
7. Abduction—adduction of both arms and legs simultaneously
8. Tonic neck reflex sleep pattern, alternating sides
9. Fencer's position, alternating sides
10. Lie on stomach, lift head, and arch back.
11. Hands to side, roll right, and roll left.
12. Hands above head, roll right, and roll left.
13. Lead hand above head, knees bent, roll right, and roll left.
14. Body in tuck position, roll right, left, forward, and backward.
15. Roll right from back to hands and knees; reverse and roll left.
16. Roll right from back to hands and feet; reverse and roll left.
17. Move to a standing position from lying on back.
18. Repeat activities 1 through 9 in standing position.
19. Ask the children to make themselves as tall, short, round, flat, stiff, relaxed as they can.
20. Have children position their bodies in relationship to other objects —for example, in front of, behind, to the right of, to the left of,

on top of; step over box, walk around box, get in box, and get under box.

21. Ask children to freeze in position, perform in slow motion, match a shadow of a body position projected on a wall.

LOCOMOTOR SKILLS

1. Crawl through tunnel forward.
2. Crawl backward through tunnel.
3. Crawl with head leaning toward forward hand.
4. Cross pattern crawling with alternating opposite hand and leg forward at same time.
5. Cross pattern crawling backward.
6. Walk with hand following lead foot.
7. Walk with opposite hand following lead foot.
8. Walk with one foot placed directly in front of the other.
9. Side-step to the right and then to the left.
10. Walk with foot crossing over to opposite side of midline of body.
11. Walk the same crossover pattern, but with hand on same side, accompanying foot across midline.
12. Marching in place with right hand touching right knee and left hand touching left knee.
13. Marching in place with right hand touching left knee and left hand touching right knee.
14. Take off on two feet and land on two feet; add quarter turn right and quarter turn left.
15. Take off on two feet, land on one.
16. Hop on right foot, stop on two feet.
17. Hop on left foot, stop on two feet.
18. Hop on right foot and switch to left-footed hop without stopping; perform in reverse order.
19. Perform jumping jack.
20. Jump in place, bring both knees up high and touch with both hands.
21. Run on a straight line and in a wide circle.
22. Skipping.

Balance Activities

Walk line on gymnasium floor.
Walk four-inch balance beam.
Walk tilted balance beam, crossover step.
Walk parallel two-inch balance beam forward and backward.
Hold balance on balance tilt while shifting weight.
Walk on two-inch wood blocks.
Walk two-inch low balance beam forward and in reverse.
Walk two-inch high balance beam forward.
Walk two-inch low balance beam while shifting weight from hand to hand.
Walk two-inch high balance beam while shifting weight from hand to hand.
Walk two-inch low balance beam and step over one-foot high stick.

Walk two-inch low balance beam and walk under three-foot high stick.
Catch bean bag while balancing on two-inch low balance beam.
Throw bean bag while balancing on two-inch low balance beam.
Follow teacher across two-inch low balance beam.

Airborne Activities

Jump on bounce board with two feet.
Jump on bounce board with one foot.
Jump on bounce board with one foot and change feet.
Jump on bounce board and off.
Bounce seated on trampoline bed.
Control bounce on trampoline.
Bounce, bring knees up.
Bounce, perform jumping jack.
Bounce, perform half turn.
Bounce on right foot.
Bounce on left foot.
Bounce on alternate feet.

Hand-Eye Manipulative Skills

1. Catch ball rolled on floor.
2. Catch balloon thrown in air.
3. Catch large playground ball on bounce and in air.
4. Roll ball on floor to another person.
5. Pass large ball with equal force of two hands.
6. Pass large ball with one-hand baseball pass.
7. Bounce large ball with two hands.
8. Bounce large ball with one hand.
9. Place-kick large ball or football.
10. Punt large ball or football.
11. Catch bean bag tossed at close range.
12. Throw bean bag with one hand.
13. Perform bimanual circles in a counterclockwise direction both with arms free and on chalkboard.
14. Perform bimanual circles in a clockwise direction both with arms free and on chalkboard.
15. Bimanual circles with right hand in a clockwise direction and with left hand in a counterclockwise direction.
16. Copy circle, cross, square, triangle, and diamond.
17. Place pegs in peg board.
18. Hammer nails in board.
19. Put screws in board with screw driver.

Perceptive Activities

KINESTHETIC PERCEPTION

1. Have children duplicate the position of the arms and legs with eyes closed.
2. Have children duplicate the amount of force exerted on hand dynamometer, weight scale.
3. Have children duplicate the distance jumped with eyes closed.

4. Have children distinguish between weights of various amounts with eyes closed.
5. Have children duplicate distance a small medicine ball is thrown with eyes closed.

EQUIPMENT UTILIZED IN THE CHILDREN'S PHYSICAL DEVELOPMENT PROGRAM

Testing Equipment
- Nelson reaction timer
- DeKan timer
- Hand dynamometer
- Measuring tape
- Stop watch
- 3 wooden blocks 1" × 2" × 4"
- 4 wooden blocks 2" × 2" × 5"

Balance Equipment
- Four-inch wide walking rail
- Two-inch wide low walking rail
- Two-inch wide high walking rail
- Tilted walking rail
- Balance tilt
- Plastic bottle
- Mirror
- Weighted balance pole

Jumping Equipment
- Jump board
- 2 inflated large inner tubes
- Trampoline

Manipulative Equipment
- 6 bean bags
- Balloons
- Large rubber playground balls
- Rubber tether ball
- Plastic softballs
- Plastic bats
- Plastic bowling set
- Plastic football
- Small medicine ball
- Plastic horseshoe set
- Portable chalkboard

Movement Exploration Equipment
- Tumbling mats
- Collapsible tunnel
- Jump ropes
- Gym scooter
- Strips of carpet with painted foot patterns

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WALLACE K. BABINGTON
Chairman, Secretary's Committee on Mental Retardation
Department of Health, Education, and Welfare
Washington, D. C.

Support for Recreation Programs for the Mentally Retarded

PUBLIC HEALTH SERVICE

The primary concern in the Public Health Service is with the health aspects of the general problem of mental retardation. To the extent that particular recreational activities have important health implications, they can sometimes be supported as integral parts of larger health efforts focused on the prevention or treatment of mental retardation.

The review procedures for grants, contracts, etc. necessarily involve assigning priorities to various proposals on the basis of their relevance and importance to health.

National Institute of Mental Health

PROGRAM DESCRIPTION

The hospital improvement program and the in-service training program provide grant support to state institutions for the mentally retarded for the purpose of upgrading the quality of care provided and the training of personnel who provide such care. Part of these funds may be used for the salaries of recreation and activity therapists, and training for them.

ELIGIBLE APPLICANTS

State institutions for the mentally retarded.

SOURCE OF ADDITIONAL INFORMATION

National Institute of Mental Health, National Institutes of Health, Bethesda, Maryland 20014.

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Mental Retardation Branch, Division of Chronic Diseases

Program Description

Support is available for demonstration and training projects dealing with recreation for the mentally retarded in which the recreational considerations are directly and clearly related to the health responsibilities of the Public Health Service. Projects that may warrant support will focus on activities which facilitate the development of the retarded in terms of coordination, stamina, balance, flexibility, endurance, and social interaction, as well as providing an acceptable leisure time activity for participants within a health setting.

Plans for recreational facilities and activities for the mentally retarded are included in each of the state planning activities conducted under the provisions of P.L. 88–156, "Maternal and Child Health and Mental Retardation Planning Amendments of 1963."

Eligible Applicants

State or local public agencies, nonprofit private agencies, institutions, or organizations.

Source of Additional Information

Mental Retardation Branch, Division of Chronic Diseases, Department of Health, Education, and Welfare, Webb Building, 4040 North Fairfax Drive, Arlington, Virginia 22203.

Division of Hospital and Medical Facilities

Program Description

Grants are awarded to states for assistance in the construction of facilities for the mentally retarded. The regulations for the administration of this program would permit the inclusion of recreation programs in facilities eligible for federal assistance.

Eligible Applicants

Public or other voluntary nonprofit organization. This program is administered in the states by designated state agencies.

Source of Additional Information

The state agency designated to administer the program will provide information, forms, and explanations of procedures for submitting applications and obtaining construction grants. Further information may be obtained from the Division of Hospital and Medical Facilities, Public Health Service, U.S. Department of Health, Education, and Welfare, 7915 Eastern Avenue, Silver Spring, Maryland 20910.

National Institute of Child Health and Human Development

Program Description

Funds are provided for research grants to qualified scientists working in health related areas. The Institute could, therefore, provide research support for meritorious studies in the area of receation, as these relate to the amelioration of mental retardation.

ELIGIBLE APPLICANTS

Postdoctoral and special fellowships are awarded to qualified biomedical and behavioral scientists for training for research in health related fields. Research grants may be awarded to nonprofit institutions and fellowships to qualified individuals.

SOURCE OF ADDITIONAL INFORMATION

National Institute of Child Health and Human Development, National Institutes of Health, Bethesda, Maryland 20014.

WELFARE ADMINISTRATION

The Welfare Administration carries out mental retardation programs through two of its constituent units: the Children's Bureau and the Bureau of Family Services. The federal-state public assistance programs administered by the Bureau of Family Services have as their primary functions income maintenance and social services for those requiring income maintenance from the assistance programs. Several programs administered by the Children's Bureau, however, can provide resources for recreation programs and staff training.

Children's Bureau Division of Research

PROGRAM DESCRIPTION

Child welfare research and demonstration grants support special research and demonstration projects in the field of child welfare and provide for the demonstration of new methods or facilities which show promise of contributing substantially to the advancement of child welfare. This program has viewed projects designed to study the basic aspects of recreation in relation to child welfare as within its purview.

ELIGIBLE APPLICANTS

Public or other nonprofit agencies, organizations, and institutions of higher learning.

SOURCE OF ADDITIONAL INFORMATION

Division of Research, Children's Bureau, Department of Health, Education, and Welfare, Washington, D.C. 20201.

Division of Social Services

PROGRAM DESCRIPTION

Training grants are awarded to institutions of higher learning for the overall purpose of training personnel for work in the field of child welfare. Training for social group work in child welfare services for mentally retarded children is included for support under this program.

ELIGIBLE APPLICANTS

Public or other nonprofit institutions of higher learning.

SOURCE OF ADDITIONAL INFORMATION

Division of Social Services, Children's Bureau, Department of Health, Education, and Welfare, Washington, D.C. 20201.

Division of Health Services

PROGRAM DESCRIPTION

Training grants are awarded to state health departments, state crippled children's agencies, and institutions of higher learning, to be used in training professional health personnel, including personnel to work with mentally retarded children. Among those to whom such training can be given are occupational therapists and social group workers whose activities involve some use of recreational activities and media.

ELIGIBLE APPLICANTS

State health departments, state crippled children's agencies, and institutions of higher learning.

SOURCE OF ADDITIONAL INFORMATION

Division of Health Services, Children's Bureau, Department of Health, Education, and Welfare, Washington, D.C. 20201.

OFFICE OF EDUCATION

Handicapped Children and Youth Program

PROGRAM DESCRIPTION

Provides support to institutions of higher learning and state education agencies for the overall purpose of preparing professional personnel for positions in the field of special education. Training of personnel in the field of mental retardation is one of the areas supported.

Grants may be awarded to individuals pursuing a major in special education emphasizing the mentally retarded with a minor emphasis in physical education and recreation.

ELIGIBLE APPLICANTS

Qualified public or other nonprofit institutions of higher learning, and state education agencies.

SOURCE OF ADDITIONAL INFORMATION

Handicapped Children and Youth Program, Bureau of Elementary and Secondary Education, Office of Education, 400 Maryland Avenue, S.W., Washington, D.C. 20202.

VOCATIONAL REHABILITATION ADMINISTRATION

The Vocational Rehabilitation Administration administers a variety of programs and activities with the objective of providing vocational rehabilitation services to all disabled persons in need of these services—including the mentally retarded. Insofar as recreation activities facilitate the effort to make possible the gainful employment of disabled persons, they are of concern to the state-federal rehabilitation program.

State Program Services

PROGRAM DESCRIPTION

Recreational activities for disabled people as services available through the federal-state program of vocational rehabilitation are focalized primarily in two situations: (1) within the array of services provided at comprehensive rehabilitation centers operated by state rehabilitation agencies, and (2) within the cooperative rehabilitation programs developed by these state agencies in conjunction with state hospitals and institutions for the mentally retarded and the mentally ill.

ELIGIBLE APPLICANTS

State Vocational Rehabilitation Agencies.

SOURCE OF ADDITIONAL INFORMATION

State Vocational Rehabilitation Agency or Assistant Commissioner for Program Services, Vocational Rehabilitation Administration, Department of Health, Education, and Welfare, Washington, D.C. 20201.

Research and Training Programs

PROGRAM DESCRIPTION

Supports research and training grants, traineeships, and research fellowships in the fields of recreation of the ill and disabled. These are designed for the total aspects of recreation for the ill and disabled and are not limited to recreation for the mentally retarded.

ELIGIBLE APPLICANTS

Qualified public and other nonprofit organizations and institutions of higher learning.

SOURCE OF ADDITIONAL INFORMATION

Assistant Commissioner for Research and Training, Vocational Rehabilitation Administration, Department of Health, Education, and Welfare, Washington, D.C. 20201.

CHARLES MEISGEIER
Coordinator, Unit on Education of the Mentally Retarded
Handicapped Children and Youth Program
Office of Education, Washington, D. C.

Physical Education Programs for the Mentally Retarded[1]

Physical education for the mentally retarded is an unquestioned part of the "total" education program, which should more fully meet the needs of the mentally retarded—and in many cases this is being attempted today. There is evidence to support the theory that improved physical fitness can increase the retarded child's ability to learn. However, there can be other, perhaps even more far-reaching goals of physical education programs for the mentally retarded. Through the emphasis given to such objectives as the development of coordinative abilities, sportsmanlike attitudes, and learnings which relate to grooming and personal hygiene (to cite only a few) physical education may soon be perceived as a *primary*, prevocational area of learning for the retarded. Many special educators agree that prevocational training should begin as soon as the child enters school. What better way to implement both the goals of special education and those of physical education than through concrete, sequentially developed programs of physical education for the mentally retarded?

Important common elements exist in the goals of physical education instructors and those of teachers of the mentally retarded. Both groups concern themselves with the problems of the "whole child"—his environment, his personality, and all those things which go into making him what he is. Further, both of these groups of professionals have as their job the responsibility of meeting the needs of the child, and at a level on which these needs should be met.

An additional implication of the development of sound programs of physical education for the mentally retarded is that they have tremendous potential for providing success experiences for the retardate. And this is no small concern, when you consider that failure is the rule rather than the exception for these children, and where success experiences provided early enough and frequently enough can mean the difference between an ill-prepared school dropout and a young adult who is prepared, to the level of his capabilities, to become a functioning and contributing member of his society.

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[1] Research by Marjorie T. Fratkin, assistant program specialist, Unit on Education of the Mentally Retarded, Handicapped Children and Youth Program.

Implicit in any discussion of mental retardation is the problem of a definition of terms or, more accurately, the lack of a single, encompassing definition. Because of the gradations of retardation, the multiplicity of causes, and the profusion of multiple-handicapping conditions which serve to confound the situation further, there is a growing need for physical education teachers who are cognizant of causation and the degrees of mental retardation—as well as their implications in terms of developing a "physical-educational" framework within which they can work—in order to implement their programs most effectively. Such variables as intelligence, social-emotional behavior, physical development, and socioeconomics must also be considered when one attempts to plan and integrate programs of physical education for the mentally retarded.

In recent years, we have witnessed the passage of much significant legislation for the handicapped. As one would expect, a great deal of this legislation is currently administered through programs in the U.S. Office of Education. However, there is a proliferation of federal programs of potential benefit to the handicapped through such agencies as the Public Health Service, Vocational Rehabilitation Administration, NIMH, and the Office of Economic Opportunity—to name only a few.

I would like to discuss briefly the OE programs through which physical education programs for the mentally retarded can *potentially* be funded. The three primary organizational units under which this legislation falls are program development, research, and teacher training.

The Elementary and Secondary Education Act, which has just recently received renewed Congressional attention and support, has several possibilities for funding programs which relate to physical education for the handicapped, including the mentally retarded. The focus of Title I of ESEA is directed at low income areas where there are substantial numbers of educationally disadvantaged children (i.e., demonstrating educational achievement below normal expectancy for age and grade), and where socioeconomics are such that upward growth is unlikely under existing educational conditions. The financial focus of this program is the local educational agency, or a coordinated effort between agencies if it is determined that such coordination will (1) promote greater flexibility of the program and (2) carry out needed educational change.

In addition to the implementation of new programs, it is also possible under Title I to receive funds to extend special education services which presently exist within the framework of the local educational agency or agencies. With regard to the breadth of Title I funding power, there is potential in the following areas: personnel, program development and expansion, ancillary services, materials (instructional), and physical plant of the learning facility.

An amendment to Title I, Public Law 89-313, gives specific emphasis to the handicapped. The focus of this law is twofold: (1) to provide education on a non-school-district basis for certain handicapped children and (2) to benefit children in state operated or supported schools for the handicapped which provide free public education on a non-school-district basis. The handicapped children to benefit by this program, as stipulated in the legislation, are the mentally retarded, hard of hearing, deaf, speech impaired, visually handicapped, seriously emotionally disturbed, crippled, or other health impaired, who, by reason thereof, require special education.

It may be seen from this that the scope of Title I can and is providing tremendous impetus to the establishment and improvement of programs for the handicapped at the local level. The potential benefit of such a program has not as yet been measured. It remains for us in the years ahead to judge the impact of this kind of broadly based program in terms of the furtherance of educational efforts on behalf of handicapped children.

The focus of Title III of ESEA is such that it provides for two types of projects: (1) the development of educational services which are not presently available either in sufficient quality or quantity to do the job required and (2) the establishment of exemplary and innovative programs to serve as models for other elementary and secondary school programs. "Title III provides the broadest kind of flexibility. Support can be given to virtually any program for the handicapped that provides additional educational services or insures the continuing influx of tested innovation." (Morwin Wirtz, *Exceptional Children*, Nov. 1965, p. 143).

Title XI of NDEA provides a broad institute program for training personnel. This is primarily an in-service rather than preservice program. It emphasizes the further training of teachers, supervisors, specialists, and teacher educators. (A secondary priority is given to individuals who are preparing to engage in the activities cited above.)

Colleges and universities with appropriate faculty and experience are encouraged to submit proposals for institutes for teachers of physically or mentally handicapped or gifted children in any appropriate field authorized by Title XI.

Another program of interest is the experienced teacher fellowship program authorized under the Higher Education Act of 1965. The purposes of this program are to improve elementary and secondary education by upgrading qualifications of teachers and other school personnel and to strengthen presently existing teacher education programs. Under this program, preference is given to professionals with at least three years experience in the same school, and who plan to return to that school after participation in the program.

For the academic year 1966-67, Colorado State College at Greeley was funded for a program of physical education for the handicapped. Since this has been established as a precedent, it may be expected that other institutions might also receive funds for similar programs.

Public Law 85-926, as amended, the "Program for the Preparation of Professional Personnel in the Education of Handicapped Children" (P.L. 88-164), was signed into law by President Kennedy on October 31, 1963. This law extended the provisions of P.L. 85-926 to include the training of professional personnel to work in the following areas: the hard of hearing, deaf, speech impaired, visually handicapped, seriously emotionally disturbed, and crippled or other health impaired, as well as the mentally retarded. Under this program, grants are made to colleges and universities, and state education agencies, which in turn make awards to individuals for study in the above-mentioned areas. In addition to academic year training, support is also available for program development grants, summer session training, and special study institute training.

Under Section 302 of P.L. 88-164, research and demonstration projects are funded. The ultimate goals of such a program are to (1) translate findings of research from the social and behavioral sciences into practical applications for the education of handicapped children; (2) generate programs and procedures for classroom teachers and educational specialists which will make full use of known facts, ideas, or theories; (3) implement new research, innovative procedures, and processes; and (4) improve the education of handicapped children through positive changes in learning situations.

A significant innovative accomplishment within the past two years has been the establishment of fourteen curriculum materials centers throughout the country.

GEORGE M. OLSHIN
Research Coordinator, Handicapped Children and Youth Branch
Division of Elementary and Secondary Research
Department of Health, Education, and Welfare, Washington, D. C.

Financial Assistance and Resource Material Available from the U.S. Office of Education

It is the purpose of this paper to describe the financial assistance program of the Office of Education as it relates to handicapped children and youth.

OVERVIEW OF SUPPORT FOR RESEARCH OF MENTAL RETARDATION

Between 1957-1963 approximately $8 million was awarded for mental retardation projects through the cooperative research program.

History was made when Public Law 88-164 was signed by the President in October 1963. Section 302 of the law specifically provided for the funding of extramural research and demonstration projects related to the education of handicapped children. During fiscal years 1964-1966, $9 million was awarded for research and demonstration grants. Grants totaling $8.1 million were awarded for the fiscal year 1967, with $12 and $14 million authorized for fiscal years 1968 and 1969.

DESCRIPTION OF THE PROGRAM[1]

Authority

The commissioner of education is authorized to award grants for the support of research and demonstration projects pertaining to the education of handicapped children and youth. The authority is stated in Public Law 88-164 as follows:

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[1] U.S. Department of Health, Education, and Welfare, Office of Education, *Purposes, Policies, and Procedures Grant-in-Aid-Program for Research and Demonstration Projects in the Education of Handicapped Children*. Washington, D.C., April 1966 (mimeographed).

. . . to enable the Commissioner of Education to make grants to States, State or local educational agencies, public and nonprofit private institutions of higher learning, and other public or nonprofit, private educational or research agencies and organizations for research or demonstration projects relating to education for mentally retarded, hard of hearing, deaf, speech impaired, visually handicapped, seriously emotionally disturbed, crippled or other health impaired children who by reason thereof require special education. . . .

General Purposes

The general purposes of the handicapped children and youth research and demonstration program are (a) to translate findings of research from the social and behavioral sciences into practical applications for the education of handicapped children and youth; (b) to generate programs and procedures for classroom teachers and educational specialists which will make full use of known facts, ideas, and theories; and (c) in general, to improve the education of handicapped children and youth through innovations in various learning situations as well as in classroom procedures, methods, and materials.

Philosophy

The focus of the handicapped children and youth program, as authorized under Title III, Section 302 of P.L. 88-164, is on the constructive modification of behavior of handicapped children and youth through the improvement of instruction and other means. Investigations of modification of behavior may be accomplished through a variety of methods and approaches. These include hypotheses that lead to productive exploration, appropriate descriptive methods, experimentation with conventional design, and other methods which may contribute to the attainment of the objectives of this program.

There is no preferred approach to research. The only important consideration is whether the particular approach is appropriate to the questions raised. There is no preferred type of project. Exploratory studies, pilot studies, case studies, and surveys are as acceptable as the more traditional types of research. The nature of the submitting agency is not important. The important consideration is whether the agency has the staff and facilities to carry out the proposed project.

PROCESSING AND REVIEW PROCEDURES[2]

Processing Procedures

All applications are assigned a number upon arrival in the Office of Education. This is used in all communications relating to the proposal. Notification of receipt is sent to the principal investigator or initiator. Applications are checked for conformity to instructions as set forth. Applicants are notified if their applications are incomplete or otherwise out of order and are encouraged to submit necessary corrections.

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[2] See footnote 1.

When an acceptable application is obtained, it is reviewed by competent research specialists both in the Office of Education and from the field, and the recommendations of these specialists presented to the commissioner of education. If an application is recommended for approval and accepted by the commissioner of education, the Office notifies the institution, agency, or organization of the approval.

Finally, details of approved grants are negotiated with the applicant by personnel of the Handicapped Children and Youth Branch and the Office of Contracts and Construction Services.

Review Procedures

1. All applications requesting funds under the various grant programs are reviewed by Office of Education specialists and by members of a professional review panel. The panels, each composed of a number of nonfederal educational research specialists, review proposals in one of the six following areas: mental retardation, deafness, impaired speech and hearing, visual handicaps, serious emotional disturbances, crippling, and/or other health impairments. An application will occasionally be reviewed by two or more panels. Applications concerned with brain injured children and those with specific learning disabilities are reviewed by the panel on crippling and/or other health impairments.
2. The comments and reactions of these specialists are then reviewed by an internal review committee made up of Office of Education staff. Applications approved by this committee are sent to the commissioner of education with a recommendation for support. Applications for support in excess of $250,000 are also presented to the commissioner's Research Advisory Council for additional review prior to final action by the commissioner.

ADDITIONAL INFORMATION

Additional information about the Office of Education research program for handicapped children may be obtained by writing to the following address:

Division of Research
Bureau of Education for the Handicapped
U.S. Office of Education
7th and D Streets S.W.
Washington, D.C. 20202

EXAMPLES OF PROJECTS CURRENTLY SUPPORTED BY THE PROGRAM WHICH RELATE TO THE THEME OF THE CONFERENCE

1. An investigator at Boston University is studying "the development and evaluation of three types of physical education programs for E.M.R. boys." The objectives of this project are to develop three types of physical education programs for educable mentally retarded boys between the ages of 10 and 13, and to evaluate these programs based on the achievement levels of the boys prior to and following participation in the program. The three types of programs are—

a. The play oriented program, which emphasizes organized game activities;

b. The skill oriented proram, which concentrates on the learning and practice of basic skills;

c. The free-play program, in which students are free to select their own activities.

2. Investigators at Stanford University are studying "the use of games to facilitate the learning of basic number concepts in preschool educable mentally retarded children." The objectives of the study are—

a. To develop a series of two-person and small-group games to teach the preschool educable retardate basic number concepts.

b. To develop instructional techniques that enable two or more retardates to work independently of direct and constant teacher supervision.

c. To produce a manual of instructional procedures by which quantitative thinking ability can be developed in preschool educable mentally retarded children.

d. To facilitate the learning of social game skills by the retardates.

3. At the University of Iowa a study was just completed, called "A Summer Outdoor Educational Program for Culturally Disadvantaged Educable Mentally Retarded Children." The objectives of this demonstration project were twofold:

a. To provide culturally deprived educable mentally retarded children with outdoor educational and camping activities to compensate for the lack of such opportunity in their lives.

b. To determine the effectiveness of correlating classroom instruction with practical use of skills and knowledge gained in the classroom in an outdoor educational and camping atmosphere.

4. A study conducted at Yeshiva University titled "A Demonstration-Research Project in Curriculum and Methods of Instruction for Elementary Level Educable Mentally Retarded Children" includes the study of the function of leisure time and physical and mental health activities.

5. The Office of Education has funded 10 Special Education Instructional Material Centers, which will make available to teachers of the handicapped instructional materials related to the physical education and recreation activities of the mentally retarded.

6. The Office of Education has also funded an Educational Research Information Center operated by the Council for Exceptional Children. The purpose of this Center is to disseminate the findings of studies, such as those described above, to the field.

Conclusion

The examples just noted indicate that the program of the Handicapped Children and Youth Branch of the U.S. Office of Education is attempting to meet the challenge. There is a long way yet to go. Innovative research and demonstration projects are welcome which will help to narrow the gap between what is now known of the educational needs of the mentally retarded and what has yet to be done.

TONY D. VAUGHAN
Chairman
Department of Special Education
Colorado State College, Greeley

Preparation of Grant Proposals

Increasing emphasis on equality of educational opportunity for all Americans has turned national attention toward improving the education of the handicapped in all areas. Even though a growing number of state legislatures have subsidized programs for handicapped children in the public schools, the shortage of qualified personnel and funds has made it difficult for public schools and universities to establish new or to expand existing programs.

The federal government and private foundations have acted to relieve this situation. However, in order to receive funds from these sources, a grant proposal must be prepared. A first requisite for successful "grantsmanship" is, therefore, knowledge of funding agencies and resources. The second requisite is preparation of a *good* proposal.

In assembling the variety of criteria used for evaluation of proposals by various agencies, it has proved impossible to apply a rigid formula by which a proposal can be measured, and none exists. Hence, (1) each proposal should specify the manner and degree of its commitment to the proposed program so that it is a self-contained document and complete in every aspect; (2) it should be self-explanatory and tell its own story; (3) it should make special reference to the development of the curriculum and other program components, as well as explain and defend its *raison d'etre* in as much detail as necessary; and (4) it should identify, for example, individual teachers and other personnel, where possible in relation to the program's instructional content, and where not possible, every effort should be made to indicate to the panel of consultants that will read, evaluate, and rate proposals how the several parts of the program will be taught and by what type of teacher. The burden of proof lies with the quality of the proposal which is submitted, not with the size, past record, or prestige of the institution.

Detailed directions and precise regulations for preparation are often prescribed when submitting most proposals. However, flexibility and high purpose should always permeate the writing of a proposal within the bounds described by the guidelines. The *sine qua non* of proposal preparation is that each proposal must delineate specifically and in detail a program which reflects a clear awareness and gives a precise analysis of how it would meet the needs of the particular area for which funding is requested.

Representative general guidelines used by review panels in evaluating proposals may be described as follows:

1. The institution's or agency's program is of high quality, is well coordinated, and shows promise of achieving the objectives of the proposal.

2. The full-time instructional or research staff is experienced and competent to conduct the proposed program.

3. Substantive content and the organization of required study are appropriate for professional competence and demonstrate an awareness of new approaches, techniques, and instructional materials.

4. Suitable facilities will be utilized for observation, participation, practice teaching, laboratory or clinical experience, internships, and other supervised experiences. Such facilities should be accessible to the institution of higher education and staffed by qualified personnel. The duration of such experiences for each student should be specified. It should be of adequate length and continuity.

5. A proposal should reflect a commitment of the institution or agency to the development of the training program or project for which a grant is requested.

The following represents a typical outline of aid content information included in most proposals. The cover page, abstract of the proposal, appendix, etc. need to be completed in addition to the formal body of the proposal.

CONTENT AND ORGANIZATION OF THE PROPOSAL

1. *Introduction*

The major purpose of the proposed program should be carefully stated and justified, identifying both immediate and long-range goals. Explanations should not rely merely on general statements of broad need or statistical surveys. Rather, the rationale must be precise and its relationship to the potential program specific. A proposed program should be tailored to the particular levels of assignment and preparation of the potential participants. Whether a proposal plans to serve a local, state, regional, or national area, reasons should be given as to why the particular geographicl area is selected, and why it should be offered at the particular institution submitting the proposal.

2. *Rationale and Objectives*

Include a concise statement of the rationale on which the paradigm for the proposed program is based. In addition, specify the particular objectives which the participants might be expected to achieve within the duration of the proposed program.

3. *Statement Describing Institution's Commitment to the Program*

The extent to which the institution of higher education is committed to the development of a program for the handicapped should be noted. Such a statement should encompass past as well as current efforts of the institution.

4. *Program Content and Its Organization*

Describe the content of the proposed program in full and indicate how it will be organized for instruction and why this particular arrangement is suitable to those who will be selected to participate. The relationship of the content and its organization with that of the rationale and stated objectives should be made clear. Distinguish carefully between what are "new" and what are "old" courses, etc. and what part of the proposed program, if any, might be considered different, new, or special.

The purpose here is to learn where and how a proposed program fits into the regular or normal coursework, or curriculum pattern, of the institution. Innovation is not mandatory but may be helpful. There is no assumption that certain institutions are not already prepared to offer programs in the handicapped area without pause or change in their offerings. *But this fact should be so declared,* and the reasons for whatever is proposed in relation to what exists should be given in detail.

5. *Practicum and Field Experience*

Where this is part of the proposed program, indicate the provisions for cooperative relationships with a local school system, with reference to supervised or practical experience.

Describe in detail the different kinds of practicum, internship, field, and research experiences that are, or will be, made available. Indicate the goals and sequence of all the practicum and field experiences. Also, explain in detail the integration of such experiences with the content of the training program.

6. *Instructional Staff Members Participating in the Program*

Name staff members who are or will be directly involved in the program for which the proposal is submitted. Individuals should be listed in an order determined by the amount of time they will devote to the program.

Each staff person's responsibilities in the proposed program should be clearly defined. When responsibility for supervision of various practicum experiences lies with personnel in local schools, be sure to indicate a description of their role as well.

7. *Institutional Resources and Facilities*

Indicate all related institutional resources such as library, laboratories, community relationships, and other projects having *specific* bearing on the proposed program (e.g., the total number of volumes in the library is *not* considered meaningful). Indicate also what facilities will be made available to enhance the program in terms of the particular group of individuals to whom awards will be made.

8. *Selection of Fellows*

Outline specifically the criteria for the selection of fellows by your institution, including standard institutional procedures showing the characteristic and periodic steps in obtaining admission to a graduate program. Include any special or unique criteria appropriate to applicants for the proposed program. Be sure the selection criteria are relevant to the stated purpose and to the declared nature of the program.

9. *Program Improvements, Expansions, and Changes*

Comment on any improvements, expansions, changes, and innovations which were planned and achieved during the past year, and those which are planned for the coming year.

10. *Accrediting or Approving Agencies*

List those agencies and organizations which have accredited or approved your institutions programs in education and special education.

11. *Provision for High Quality*

By way of summarization, indicate what is built into the program which will provide for the highest possible achievement of the stated objectives. Indicate also provisions for the continuing self-evaluation of the program and for improving it *while it is in operation*. To the degree possible, state the implications that such a program might have on campus.

Time and thought are required to prepare a properly written proposal, especially when imagination and creativity are required. Sufficient time must be devoted to the task so that the clarity and details necessary to communicate excellence are not lacking. In preparing a grant proposal, it has been found useful to have all staff members who will eventually participate in the program meet and review the nature and content of the proposal. This process will result in a better prepared proposal as well as assure staff support for the project.

Another area that should be mentioned is the implementation of the proposal project if it is approved and funding is awarded. A great deal of thought must be given prior to submission of the proposal regarding budget, staff, and other program implications. The submitting agency or institution must be prepared to live up to all commitments and arrangements it writes into the application. This latter point requires a process of self-evaluation, an assessment of the existing programs' strength and weaknesses, and potential resources for developing a program in the area of application. The institution program must be strong enough to be able to follow through on the commitments contained in the application.

SUMMARY

In conclusion, I would like to present the following areas as a brief check list for those preparing a grant application. One of the most important concepts in grant preparation is that of understanding and *following* the application guidelines.

Check list for Grant Applications

1. Introduction (background and purpose of the project)
2. Rationale and objectives of the proposed program
3. Statement describing institution's commitment to the program
4. Description of program content and its organization
5. Description of practicum and field experiences
6. Description of instructional staff members participating in the program
7. Description of institutional resources and facilities
8. Criteria for selection of fellows
9. Program improvements, expansions, and changes
10. List of accrediting or approving agencies
11. Provisions for high quality of program
12. Indication of administrative support
13. Indication of cooperative community relationships
14. Well-prepared and detailed budget
15. Provisions for continuing evaluation of proposed program.

JOHN D. WEBSTER
Chief, State Planning Section
Mental Retardation Branch, Division of Chronic Diseases
U.S. Public Health Service, Arlington, Virginia

Comprehensive State Planning in Mental Retardation

I am going to stress solely the state planning programs in mental retardation. And I stress them because it has become increasingly apparent that there is a tremendous need to involve those in your fields and areas in the on-going state planning programs. That you are not fully involved is one of the gross omissions in many states.

Historically, planning dates back to the time concern for retardation arose in this country—as early as the turn of the 1800's. However, more definite recognition of the need for a national program in state planning occurred very few years ago—about six or seven—when the council on state governments recognized this; and recognition by the National Association for Retarded Children and others resulted in the formation of the President's Panel on Mental Retardation, which in its report to the President clearly indicated the need for a national program of state planning in mental retardation.

In October of 1963, the Maternal and Child Health in Mental Retardation Planning Amendment, better known as Public Law 88–156, established by legislation an amount available to each state and territory to do basic comprehensive planning in mental retardation. The intent was to look at the existing areas within each given state, to assess the needs, and to make recommendations. But also, equally important, the intent was to bring together, coordinatively, within each of the various states the many diverse programs, both public and private, concerned with the mentally retarded, who for years had been going their own separate ways (and, sad to say, today many of these diverse programs continue to work autonomously and separately). The intent of state planning in part was to give momentum to a coordinative movement and drive.

The planning program, which continued through 1964, was basically extremely successful. I have heard a number of individuals, whom I respect greatly and who are not all in the field of retardation—such as fiscal and budget management people—say that the federal govermnment has never bought more, dollar for dollar, or gotten greater mileage that it has in the state planning program in mental retardation. In the original planning grants, $30,000 to each state was a rather small sum to bring out these documents, i.e., state plans, some rather thick—in fact, New York's was seven volumes. But it wasn't the documentation that counted, it was the involvement. In many states, several thousand people were actively involved in planning, the various task forces and areas, health, education, welfare, vocational rehabilitation, and recreation.

However, from the very beginning, recreation has played, as far as I am concerned, a much too minor role in the state planning process. There is a tremendous and urgent need in our on-going state planning programs for each of you to make yourself available. If a state planner has not come to you, go to him. You have an expertise that our state planning projects need desperately.

Because of the success of the original planning under Public Law 89–97, additional legislation was introduced and enacted which had a title (subsection) authorizing continued planning in the states; this time the money was apportioned on the basis of population. So, with a high of a little over $193,000 for California down to the $35,000 minimum that each state must get, we ran rather a wide range of potential funding.

In addition, we added the word implementation, feeling that planning for planning's sake becomes a defeatist approach in itself, that one operates in a vacuum if one is to plan ad infinitum. But to add to the word planning the word implementation is a clear-cut indication that you do something with your planning—with your original recommendations and with the whole process that you have tooled into being, in many cases by dint of some pretty bloody efforts. So that with implementation most of the states have proceeded not only with planning but also with new, innovative, needful approaches.

I'd like to present several examples of recommendations that have come out of the state plans in the area of recreation. I give them to you not as finished products, or as sole answers to anything, but rather to stimulate you. If they are not broad enough, if you feel they don't honestly meet the needs as you know them as professionals, then agree with me: there is a tremendous need for you to participate in each and every state plan where you can! For example, this state plan within the area of recreation says the following:

> The development of adequate recreational programs is the joint responsibility of many agencies both public and private. The advisory council therefore recommend (1) the state parks board consider recreational needs of the retarded as part of its statewide inventory of programs and facilities; (2) the city and county recreation departments conduct in-service programs for recreational personnel identifying specific recreational programs as being planned for the retarded but not limited necessarily just to the retarded; (3) the colleges and universities develop specific courses geared for recreational needs for the retarded with emphasis on corrective physical

education and music therapy, art therapy, craft activities that are meaningful; (4) state associations concerned with recreation and retarded children establish regional workshops that will foster recreational programs for the retarded and be directed toward acceptance and enlightenment of parents, volunteer agencies, and the general public.

Another example is: "The following recommendations were made: That handicapped children be provided recreational experience within the existing framework of communities as possible; that programs be developed to meet the special needs for the handicapped for recreational outlet." That was a set of recommendations.

Here is one state, and all it says is: "Recreation, camping, and other wholesome leisure time activities be adapted to the particular requirements, abilities of the retarded person."

Most states have some cognizance of the recreational needs of the retarded, but these examples—and I have many similar ones from practically every state plan—are terribly general. It is a first step, but now they need the honing and refinement that you who are professionals in the field can help accomplish within the given state.

Not too many years ago, while I was with the Vocational Rehabilitation Administration, we sponsored a group of surveys all over the country investigating the adequacy of placement of mentally retarded individuals in work situations. What we found was, at that point, surprising to many of us: the fact that the mentally retarded was adequately prepared to do the job and that, therefore, our work programs were doing their jobs. However, in almost two-thirds of the situations where failure occurred—and failure was all too common—the failure was definitely established by and based upon an inability to adjust or adapt within the hours outside of work, within the social situation both in the home and, most particularly, generally in the community, where recreation and leisure time are the keystones of community life. Therefore, I am totally convinced that successful programs for the retardate, whether they are in the community or in the institution, have a tremendously heavy basis in recreation leisure time activities—this whole gamut of recreational activities.

I'll end by saying that if you have not seen the state plan of your individual state, get it. You can write to your state government; in each instance our state plans are in a state governmental agency. The great majority of them are in the departments of health or mental health. It won't take much inquiry to find out where your state plan is located. Get your state plan, read it through, and see for yourself where the accomplishments are, where they have at least made "pie in the sky" projections; but, more important, see where the needs exists and where you can fit in.

THOMAS A. STEIN (MODERATOR)
Assistant Professor
Curriculum in Recreation Administration
University of North Carolina, Chapel Hill

Questions and Answers on Financial Assistance

Can funds be obtained to improve playgrounds?

Technically funds can be obtained under the state construction program (P.L. 88–164) to improve a playground if it is connected with an already existing facility. It would be highly unlikely to obtain funds for improving a playground as part of a demonstration project in physical education or recreation, unless they were for minor improvements. Title VI, the authority for improving special education under the Elementary and Secondary Education Act, does include funds for construction where necessary. (Note: Appropriations under Title VI for the current fiscal year have been well under those authorized in the legislation, so that actual monies available to the respective states are considerably less than had been originally expected. This does limit the programs and projects that can be funded in each state.)

Why has there been a lack of federal funding for capital construction (new and/or additional) in the area of recreation for the handicapped? If there have been any direct federal contributions for recreation facilities, where have they been located and what has been the source of funds?

No knowledge or mention of any direct federal contribution to recreation facilities was mentioned or known at the time of the national conference. (Note: Recently the Georgia Department of State Parks was given a substantial grant under the Land and Water Conservation Act, U.S. Department of Interior, to develop an outdoor recreation facility for the disabled at Ft. Yargo State Park. Additional information can be obtained from Miss Robin Jackson, Georgia Department of State Parks, 7 Hunter St., S.W., Atlanta 30334.)

There are programs that authorize expenditures for construction of recreation facilities, but the state must determine how these funds are to be used. A recreation facility can be built if the state includes it in its overall plan, gives it a priority for use of the funds that are allotted from the federal government, and matches the federal contribution.

How should a project be carried out once the money has been awarded?

The proposal is supposed to say exactly how the project is going to be carried out and the program implemented. There are brochures and pamphlets that list the criteria, conditions, and guidelines for each of the different programs—research, demonstration, and professional preparation. Specific information must be included about *personnel* (e.g., what to include about each in his vital duties, responsibilities): *budget* (e.g., salaries, equipment, supplies, amount of the local contribution): *program* (e.g., objectives, procedures, evaluation): and the like. In general, there are no specific deadline dates for research and demonstration projects, but definite ones for programs involving the training of; professional personnel. (Note: All research proposals must indicate some local contribution. This doesn't have to be in dollars and cents but can be in professional time or certain materials that are used in the project.)

Are there funds available for projects involving noneducable children, including the severely and profoundly retarded?

Programs that provide for the training of professional personnel can focus on preparation for work with any of the groups. The interpretation of the amendments to Title VI (ESEA) are quite liberal, as reflected by this excerpt from a report about the legislation: "It is the intent of this committee that all handicapped children be eligible for services under this Title, and that children not be excluded because they happen to be more severely impaired than others or live in isolated areas."

Will Title I funds be available for projects covering the trainable, the severely, and the profoundly retarded?

In general, the various titles and public laws use the term "mentally retarded," which covers all types of retardation, not limiting eligibility to the profound, mild, or moderate categories in any legislation. Research projects involving the trainable have been funded, and monies under P.L. 89–313 (Title I) have gone to institutions for the retarded which have included mostly the trainable, severely, and profoundly retarded.

Is there money available for the study of a camp or out-camp trip program? The boys and girls have paid their way, but money is needed for filming and study.

Filming in general has a low priority unless it is *innovative*. Some filming is being supported; it is a valid way to evaluate the efficacy of a summer program. In developing a proposal of this type, make sure that the literature is thoroughly surveyed and that films already produced about summer camp experiences are reviewed completely. This is a legitimate area for funding.

What have been the common errors or mistakes that people make in developing and submitting proposals?

The November 1965 issue of *Exceptional Children* is devoted entirely to federal legislation. One article in particular ("Shortcomings of Grant Applications to the Handicapped Children Research Program," pp. 180–185) describes the deficiencies of applications submitted to different divisions and departments and the shortcomings that were most prevalent during the first year or two of operation of the research and demonstration programs. Too many do not read, understand, and follow the guidelines for the different programs. (*Note:* For the last several years, fall [September or October] issues of the *Journal of Health, Physical Education, Recreation* have had feature sections on federal legislation.)

BRYANT J. CRATTY
Project Coordinator
Mental Retardation Services Board,
Los Angeles County, California

The Role of Motor Activities in Programs for Retarded and Educationally Handicapped Children

It is often difficult to adequately survey the abilities of retarded children, because of the scarcity of a reasonably large number of children on a single facility. Other difficulties when doing research on these problems arise as one attempts to gather together a control group. It was thus gratifying to me recently to be asked to act as the consultant for a project in which the perceptual-motor attributes of almost 200 children with learning problems were assessed.[1]

During June 1966 an advisory committee composed of individuals interested in motor development met and sanctioned a project designed to evaluate the perceptual-motor abilities of retarded children. Specifically, this committee decided that the purposes of the initial summer's testing program should be—

a. To devise and ascertain the reliability of a test battery;
b. To establish norms from the data collected; and
c. To draw implications from the data relative to programs for the mentally retarded.

In addition it was decided that an extension of this investigation should involve the assessment of the influence of programs of perceptual-motor education carried out over extended periods of time, upon selected attributes of retarded youth.

The battery of tests, established with advice from various members of the Advisory Committee, was composed of tasks designed to evaluate six attributes: body perception, gross agility, locomotor behavior and agility, balance, throwing, and tracking. The scoring system devised permitted two levels of difficulty to be scored. The battery was designed so that it could be administered to a single child within a period of 20 to 30 minutes in a small room and would require a minimum of equipment. A testing handbook was written, and testers trained.

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[1] A research project sponsored by the Mental Retardation Services Board of Los Angeles County. Cooperating agencies included the Los Angeles County Department of Parks and Recreation; the Special Education Branch of the Los Angeles City Schools; and the Physical Education Department, University of California, Los Angeles (Cratty).

During the initial part of the testing program 83 TMR's and EMR's were tested twice each at two facilities, in order to determine the tests' reliability. During the second phase of the testing program, an additional 94 retarded children were tested once each on 10 different sites (schools of special education within the Los Angeles City School District).

Norms were established for the various subgroups of subjects by age and by test. Intertest relationships were surveyed to discover implications for programs for the retarded, and developmental trends were assessed within the data.

Sixty-seven percent of the subjects were male, and 24 percent were Negro. There were no significant differences in any of the scores collected between Negroes and Caucasians, or between males and females. Forty-six percent of the subjects were TMR's, with the remainder evenly divided between EMR and educationally handicapped classifications. Twenty-four percent of the TMR's evidenced Down's Syndrome. The mean age for the total sample was 11.40 years, with a range of 5 to 24 years.

Analysis of the data revealed the following:

1. The test, and its subtests were reliable, with r's ranging from .74 to .84 when test retest scores for the subtests were compared, to over .90 when the scores for the total battery were correlated.
2. Age and IQ were moderately correlated with the scores in the total battery (.54 and .63 respectively).
3. The mean scores for all the tests taken by the EMR's and EH's were significantly superior to the scores achieved by the TMR's.
4. Most inferior were children classified as evidencing Down's Syndrome, primarily in tests evaluating balance.
5. There were higher intertest correlations when the scores of the TMR's were contrasted than when similar measures of the EMR's were compared.
6. Most predictive of the total battery score by the TMR's were their scores on the body perception category ($r=.90$). Most predictive of total performance by the EMR's was their score in the balance category ($r=.84$).
7. The EH's evidenced the poorest crawling and walking patterns; over 90 percent of the TMR's and EMR's evidenced appropriate cross-extension patterns when crawling and walking.
8. Developmentally the EMR's and EH's evidenced their best performance during late childhood and early adolescence, with some deterioration noted in their performance means in late adolescence and early adulthood.

9. The Mongoloid child evidenced gradual improvement with age in tests evaluating body perception, agility, and tracking, with no significant improvement noted in tests measuring balance, locomotor agility, and throwing.
10. All subclassifications of subjects evidenced difficulty in correctly making left-right discriminations about their body parts.

PROGRAMS FOR THE RETARDED AND EDUCATIONALLY HANDICAPPED

In addition to these general findings, the data collected points to specific applications in programs for various subgroups of retarded and educationally handicapped children. Further research is intended to explore the effect of various kinds of programs upon the attributes evaluated.

Children with Down's Syndrome

It appears from the data that Mongoloid children not only evidence the most severe movement problems, but also that their abilities are relatively unaffected as they grow older. At the same time the data indicates that their skills may change with training, as evidenced by improvement in tasks in which they might be expected to have practiced (catching a ball). Their most severe problems seemed to be with (1) balance, (2) tasks requiring an accurate perception of their bodies, and (3) tasks involving movement with visual control (jumping accurately in marked squares).

It seems reasonable that programs for children with Down's Syndrome should emphasize activities within these three general areas. Care, however, should be taken to present activities to these children at extremely simple levels. For example, balance training should probably take place initially with the child on "all fours," for the data indicates that most of these children were unable to balance in an upright position with both knees and feet touching the mat. Training in body-to-object location should be undertaken, for example, by placing a box in a room and asking the child to place his front, back, side, left side, etc., nearest the box.

General agility tasks should also be included in a program for Mongoloids. Their inability to move backward, and to rise efficiently from a lying to a standing position indicates that falling, tumbling, rolling, and other similar movements need considerable practice by this population of children.

Children Who Are Trainable Mentally Retarded

In any group of children classified as trainable mentally retarded one might expect to find from one-third to one-half who manifest Down's Syndrome. Thus the suggestions on the previous pages apply to children within the trainable category.

At the same time, children who are TMR's and who do not evidence Down's Syndrome should be given tasks which lead in a logical way toward activities which are socially acceptable to themselves and to their peers. The decrease in ability indicated in many of the mean scores of this group with increasing age indicates that motivation (or lack of it) proves important as a modifier of performance on the part of the TMR in late childhood or early adolescence.

Thus a perceptual-motor training program for the TMR should include activities designed to enhance balance, body part perception, body-to-object perception, agility, as well as ball skills, hopscotch, etc., designed to lead into socially approved playground activities.

As is the case with all groups of retarded children, from four to five types of activities within a single 45-minute to one-hour training session seem desirable. The most important activities for the TMR seem to be practice in body part perception and balance. The data indicates that the educator, to be successful, may choose fewer kinds of activities to constitute a program for the TMR than for the EMR. A greater amount of time should be spent with the TMR in practicing these tasks despite the fewer types of activities which appear to benefit him.

The Educable Mentally Retarded

In contrast to a program for the EMR, the TMR requires a wider variety of activities, and activities which are of course more taxing in nature. The attention span of the EMR can be expected to be longer than that of the TMR, and they evidence more specific abilities, apparently influenced by various kinds of past training to which they have been exposed as individuals.

The single type of activity most important to the total neuromotor development of the EMR appears to be tasks involving balance. Thus tasks involving both dynamic (moving down a balance beam) as well as static posturing appear to be an important part of a perceptual-motor training program for the EMR.

Additionally, training in left-right discrimination relative to body parts should also be included in such a program. Similarly, training in correct and accurate agility movements involving arm-leg coordination, paired with vision, should be included. Training in throwing at targets, as well as in correct throwing form, should also be included. Since the majority of the EMR's could not "place their legs nearest the tester," a portion of an educational program should afford practice in learning this important body-to-object concept. The majority of the EMR's were found unable to accurately cross their body with arm movements and to locate body parts in this manner. This training in lateral arm movements when drawing on blackboards, coupled with body part perception training of a more complex nature, should be engaged in by the EMR.

The Educationally Handicapped

This population is being given increased attention by educators throughout the country. Many of these kinds of children are found in classrooms competing unsuccessfully with "normals" and, because of rather subtle perceptual-motor impairment, have difficulty organizing their bodies, their movements, and components of the visual world.

The data collected on these children revealed a similar unevenness, which holds important implications for programs designed to enhance their educational abilities. This is one of the few groups in which a relatively large percentage of the members failed to evidence appropriate cross-extension patterns when crawling and walking. Many of these children would probably be classified by the pediatric neurologist as afflicted with slight cerebral palsy or minimal brain damage.

Similar to the other subpopulations surveyed, they evidenced problems when attempting to make left-right discriminations and when asked to cross their body in identifying body parts. At the same time, deficiency in balance and agility was similarly revealed. This group of children are frequently beset by emotional problems, since they are usually acutely aware of their perceptual-motor deficiencies when they attempt to compete in recreational skills with more skilled children.

This data indicates that programs for such children should include activities designed to enhance skills given status by their peers, as well as tasks designed to enhance perception, balance, and locomotor agility. It is a common finding that tasks in these latter categories have to be "sold" to the child who is educationally handicapped, for he frequently feels that they are beyond his ability.

The motor skill of EH's is more specific than is evidenced by the TMR's, thus justifying the inclusion of a wider variety of activities for the former group. In summary, activities designed to enhance basic locomotor tasks, including crawling, walking, jumping, etc.; activities in body part perception; balance tasks; and motor skills which form the basis for culturally desired sports and games would seem to compose the most meaningful program for the educationally handicapped.

CONCLUSION

It is believed that the kind of research described is one of the most fruitful means through which meaningful educational programs for the retardate may be evolved. Such research points to specific practices which appear helpful, while delineating others which appear useless.

In the not too distant past, arriving at the truth was a relatively simple matter. One only had to listen to and obey the voice of authority. Today the world is more complex. Rational men test their beliefs by reference to the scientific method of problem solving. This newer avenue to the truth results in greater accuracy. Observations are confirmed or disproved through analyses of measurable evidence employing techniques which others can understand and may replicate.

People are complex. Children are complex. Retarded children are complex. The key to understanding the retardate's educational needs is to first attempt to assess each child's unique characteristics. We should try to synthesize available knowledge, not ignore it. The answer to complexity is not a return to simplicity.

JOAN RAMM
Supervisor of Community Recreation Programs
Seaside Regional Center
Waterford, Connecticut

Community-Residential Facility Cooperation

Seaside Regional Center is the first of 11 regional centers for the mentally retarded in Connecticut. It is dedicated to serve not only the 240 children and adults who are in residence there but also 1,500 to 1,800 retardates living at home in New London and Middlesex counties. In order to realize its objective of keeping the retarded child out of the residential facility for as long as possible, it is necessary to make some services that are usually found in the institution available in the community. For example, Seaside sponsors five centrally located day care centers for preschool children. One of the purposes of the day care centers is to relieve the mother of the care and management of a child for the same amount of time that she would be relieved if it were in school. A second purpose is to prepare the child for entrance into public school classes by teaching him the elementary skills he will need. Moderately retarded adults who are out of school work in "sheltered workshops" run by Seaside. Workshop clients earn their own pay according to how much they produce. Mildly retarded adults find jobs with the help of Seaside's Vocational Rehabilitation Department.

These few examples help illustrate the Seaside philosophy that children, retarded or not, can receive more benefit in terms of varied experience and amount of love and attention by living in a community setting as opposed to a residential institutional setting. Furthermore, a regional center such as Seaside can through its programs and services make it feasible for more families to maintain their retarded child in the home. There are instances, however, when the best solution to a family problem is to admit the retarded child to a residential facility, sometimes on a short-term, sometimes on a long-term, basis. When a child is admitted to Seaside, he is not isolated from his community. There are no walls around the Center and it is not hidden away miles from a town or city. Community involvement at the Center is now extensive.

It wasn't always that way. Seaside is housed in a facility that used to be a geriatric center and before that a tuberculosis sanatorium. Surrounding Seaside is one of the nicest residential areas in the town of Waterford. When it was announced that the Seaside facility would house mentally retarded children and adults, the neighbors opposed it. They had never seen a retarded child before, and they were afraid that the children would destroy their property and peek in their windows, and be a general nuisance if not a constant danger. Now these same people are some of our best volunteers. Their children come over to play with our children; they use our beach and our playground. The change didn't come overnight; it took a lot of talk and time and effort. These people had to see for themselves that retarded children are not monsters. They visited the center and saw the children inside the building in the living situation and outside playing. They saw them act and react—in many cases the way a normal child would—and gradually fear and hostility disappeared.

The point then, is that people fear the unknown. Cooperation from the community doesn't come easily. It is built up over a period of time by efforts of all the people connected with an agency or organization, and it starts by making the public feel comfortable about having a retarded child around. This does not only apply to the community in general, but also to specific organizations within the community. For instance, when our community recreation program began a year ago, we sought the help of a local bowling alley. Neither the manager nor any of the employees had any experience with retarded children, and although they didnt say so, they seemed a bit concerned about the behavior of the children in their establishment. Like the Seaside neighbors, they feared the unknown; so, before the bowling program for the community children began, a group of children from Seaside came to bowl. Some looked and acted a little different from normal children, but others didn't. The employees of the bowling alley had an opportunity, first, to observe the Seaside staff working with the children and, second, to try working with them themselves. As a result, they were less apprehensive when the community recreation program began, and before the end of the year the manager asked if it could be expanded.

Just as Seaside is not physically isolated, neither is it socially isolated from the community. There is a constant flow of community organizations coming into Seaside and of Seaside residents going to community programs. Our children are residents of the town of Waterford; therefore they attend special classes in Waterford public schools. Similarly, many of their recreation programs are held off ground. They attend church off grounds.

This exposure to community life not only benefits the children but also helps to educate the public. If Joe Citizen sees a group of retarded children enjoying a circus and behaving themselves as well, or if he sees them in a restaurant, a clothing store, or in a bank making a deposit, there is a good chance that his attitudes and preconceived ideas about the mentally retarded will change. Later on, when you speak to a group of Jaycees or a group of Elks, or the Rotary Club, Joe Citizen just might be in the audience. He has already been exposed to the retarded and no doubt some of his friends have, too, and you've already got a start on enlisting cooperation.

At Seaside we've enjoyed good relations with all the communities in our area, the major ones being the towns of New London, Waterford, Norwich, and Groton. As far as the community recreation program goes, all activities are held in these towns because that is where the special classes are. There are smaller towns surrounding these larger population centers, but they send their special class childen to the bigger city and pay tuition. They also send their children there for the recreation program.

Last year the program started in four towns with bowling. In Norwich, a bowling program was financed by the Elks Club, which donated the money for three strings of bowling. The bowling alley provided transportation for the children, Seaside provided staff, and the Community Recreation Department provided some of the leadership and some of the organizational work involved. In Norwich we also have a swimming program, using the YMCA pool. The YMCA provided lifeguards, Seaside provided some locker room supervision, the volunteers provided transportation, and the Norwich Elks financed it.

In Groton, we had a similar program with the bowling alley. The bowling alley employees gave instruction to the children in addition to providing transportation.

In New London we had another swimming program, also at the YMCA pool. In addition, we had basketball programs for young adults and a ceramics program for intermediate-educable children.

In 1966 the community recreation program was expanded, so that each special class child became eligible for about three or four hours of recreation per week. Usually we have our recreation programs right after school, because we have the children all in one group and we are able to pick them up at the school and transport them to the facility at which the activity is held. In most cases the parents will come after the activity is over to pick up their children. If the parents cannot do this, we provide the transportation home.

The cooperation we have received from the community has been overwhelming—I didn't expect it. The local recreation departments have really gotten involved. Once the recreation directors saw the children and found out that they were pretty cute, they threw themselves right into this thing. Eventually we hope that the community recreation departments will be able to finance recreation for the retarded within their own budget. In the meantime Seaside will carry it.

There are examples of cooperation from other community agencies. The Elks Club and other fraternal and civic organizations have donated money and time and volunteers. The public schools have been especially cooperative. They have distributed all the registration slips, which the child takes home for parents to sign and brings back to the teacher. The teachers have also paid visits to individual children's homes to convince the parents that the child ought to go to the recreation program, or to explain the recreation program to the parents.

Although we are very pleased with the amount of community involvement we have, we're trying to get still more through our Volunteer Department and through public education.

DAVID GINGLEND
Newark State College
Union, New Jersey

Recreation Programing for the Adult Retardate

In considering programing for the adult retardate, I will deal particularly with the less able retardate, the one upon whom a number of labels have been placed, with none of them being really descriptive. In general, I shall be referring to the person who is often classified as "trainable," etc. and to the moderately retarded person who has other problems and/or handicaps in addition to his retardation. I make this clarification, for I believe that it is on this level where the most intense need lies, and it is on this level where the greatest number of problems in initial programing exists. The majority of applicants for *special* programs in recreation fall into this category of the less able and more severely retarded. More able retardates are often integrated into regular programs, and when programs for the more able retardate are *special*, the programing adjustments are relatively simple to make. However, I do not mean to imply that one's thinking should exclude the broadest possible participation and integration in regular programs and existing facilities.

People attempting to deal with this problem often fall into one of two categories: One group ignores the limitations of these retarded persons, stating that there is no real difference, and pushes retardates into numerous activities and experiences for which they are not ready and with which they cannot cope —merely adding to their accumulation of frustration and feelings of inadequacy! The other group sees only the limitations and possible differences and may relegate the retardate to a program which does not stimulate and challenge and with which he cannot identify, become *involved* in, or grow. This kind of attitude on the part of the recreation leader tends to make him insensitive toward opportunities for participation in activities with "normal" peers, and encourages a continuation of inadequate activities for meeting the very real needs of the retardate. In recent years considerable attention has been given to meeting retardates' educational, vocational, and medical needs. Perhaps because their needs are more specific and concrete, and because results to some degree are a little more measurable, these needs have tended to receive more consistent attention.

Psychological needs, although included in any listing, generally receive less practical consideration. Authorities agree that no individual can develop and grow toward his potential unless there is some fulfillment and satisfaction of personal psychological needs. There are many areas wherein psychological needs can be met to some degree, but no area is broader or more continuous than that of recreation! It is an area that remains from childhood through old age, and a broad spectrum of recreational opportunities is needed to foster learning and growth at every stage of development. The outcomes of broad and continuous satisfying recreational experience are too numerous to describe at this time, but one important outcome is a broadening of social skill and functioning in both individual and group pursuits. The results in personality change are often dramatic, especially when a person gains a sense of identity which is meaningful to him—and all of this can contribute to his stability and growth as a person.

There are a number of problems in programing recreation for the severely retarded adult, and one of prime importance is the individual retardate himself. The recreational skills and abilities which he brings to a program may not be as closely related to his retardation as they are to the sum total of his recreational experiences in the past, which in many instances have been meager and in many cases nonexistent. It is difficult to assess the toll that years of isolation, neglect, and frustration have taken, but we can safely assume that very few individuals would remain unscathed after such experience. Now that educational and recreational opportunities are being offered in many places at an early age, future programing for adult retardates may be an easier proposition. However, we are concerned with the here and now, and much can still be done if we accept each person as an individual and attempt to meet his needs.

A large number of adult retardates are socially deprived because of their limited social experience, and in many instances are socially inadequate when placed in situations where too much is expected of them. Likewise, a large number of our adult retardates are not so much physically unfit as they are physically undeveloped for similar reasons. Granted, basic physical skill is more effectively developed at an earlier age, but much can still be done to develop or improve these skills. In any event, the adult retardate needs numerous opportunities to practice through activity the skills he *does* possess, if they are not to deteriorate. All of this suggests that within the common problems of group programing there will also be individual problems. This is not a new concept in recreation, but failure to recognize and plan for individual abilities will limit the success and may well spell the failure of any *special* recreation program for this group of people.

Through the years the single most common type of program for teenagers, young adults, and adult retardates has been the general recreation, canteen, club type of program, which has been called by many titles but is essentially the same type of program. Its success has been largely due to activities flexible enough to include a broad range of abilities, while accommodating expansion and growth. The kinds of activities most commonly found in these programs have been preprogram activities (often solitary in nature or involving one other person); a kind of business meeting; social and folk dancing plus other kinds of music activities; both social and active games; and, of course, refreshments. Programs frequently have a seasonal or holiday theme, and occasionally handicraft or service projects are a part of the program. Entertainment is often provided, which is fine, but in programs where this has dominated, the participants tend to become passive spectators rather than being actively involved.

Most of these groups, after operating for some time in this pattern, begin to branch out to different kinds of experiences, such as a variety of trips, theater and dinner parties, bowling nights, and other kinds of more specialized interest activities.

Properly conducted, this basic program can be an exploratory one, in which, while conducting beginning activities, the leader has opportunity to begin assessing the retardates' needs and abilities and move toward meeting them. One can then begin to provide activities which will foster opportunities for learning, practicing, and developing basic social and physical skills. These activities may need to be simple, but they do not need to be infantile! As the retardate grows in this program, and after exposure to a variety of more specialized activities, it begins to be evident which members may profit from more concentrated special activities such as membership in a bowling group, swimming, sports, hobbies, etc. He can then be encouraged and helped to join such a group, while retaining membership in the basic program.

There are very few sports or recreational activities which are not enpoyed in some form or other somewhere in the United States by a group of retardates. For example, I have read of retardates who are enjoying skiing, horseback riding, and so on, and these are activities which we generally do not identify with the retarded.

A few words should also be said about camping. Day camping was one of the earliest recreational ventures with the retarded, and one that has unmistakably been successful. However, most existing day camps need to broaden and revise their thinking and planning if adult retardates are to receive the kinds of beneficial experiences that this type of activity can hold for them. Residential camping for long weekends or weekly sessions are becoming more common, and there are many indications that this type of recreational facility can meet many mature needs of a retardate not met in any other way.

In passing I would like to mention that a huge number of experimental programs are being developed by colleges, institutions, public recreation, parent units, and other private groups. It is to be hoped that such groups will write up descriptions of their projects and hopefully find some kind of clearinghouse to consolidate such information.

I would like to conclude by repeating the two major points I have tried to make: (I) that a community or group attempting to set up a recreation program for adult retardates for the first time with unknown participants would be wise to begin with the generalized, exploratory club type of program and (2) as the program progresses and interests and potentialities become more evident, to branch out into what I have referred to as special interest programs, which concentrate on one major activity such as bowling, swimming, service units, homemaking hobbies, etc.

MART P. BUSHNELL
Assistant National Director
Health and Safety Service, Boy Scouts of America
New Brunswick, New Jersey

Scouting for the Mentally Retarded

Helping mentally retarded children through scouting is not a new effort of the Boy Scouts of America. It has been going on for a long, long time in many institutions and in numerous of our so-called normal units. Thanks to changing public attitudes toward mental retardation, this effort is accelerating at a fantastic rate. Registration records on a recent check reveal that there are 756 units specifically organized to serve the mentally retarded, with a current membership in them of 13,000. This number represents only those whom we have been able to identify as mentally retarded. Countless others who are handicapped remain unidentified, since they have found a friendly haven of scouting activity in troops and cub packs with normal boys. This integration is pointedly encouraged, in spite of the fact that the greater majority of handicapped boys belong to units specifically organized to serve their needs.

An interesting reaction to an article in our *Scouting* magazine will illustrate this point. *Scouting* magazine is our principal means of communicating with the million and a half adults who give leadership and assistance to the program. A regular monthly feature and old favorite is "Front Line Stuff," which presents practical problems sent in by leaders who are looking for answers. A later issue carries solutions sent in by readers who are anxious to help.

In the November 1965 issue a cubmaster asked whether or not to accept Johnny, a boy with cerebral palsy, into a pack with normal boys. Almost 500 replies were received. Another cubmaster said, somewhat indignantly, "Any boy who wants to be a scout can be one!" A mother replied, "My son is mentally retarded. He is working toward his Webelos. The other cubs are just as proud of his achievement as he is." A boy scout wrote in—he must have been reading his dad's magazine—"Johnny's not a *good will* project—he's a boy!" The impact of almost 500 letters received proved that something really good exists here—as good for normal boys as it is for the handicapped.

There were a total of only three negative replies. They suggested, with the weight of professional authority, that "it would be a mistake to involve a boy, as Johnny is described, in a cub scouting program with normal boys." Many reasons were given why it would be far better for him to be involved "in peer groups with similar limitations"!

So how do we reconcile the availability of our program with this advice, which came, incidentally, from professional workers in mental retardation and other handicapped fields? We in scouting feel that flexibility of mind and some outreach of the heart is needed here. Too many have seen the opportunity, accepted the challenge, and solved some of the problems to admit that it can't be done. It is being done where there is patience, imagination, a lot of love, and a will to accomplish the difficult. A scout is a friend to all and a brother to every other scout. This is a quality "that blesses him that gives and him that takes."

So, what is scouting to the boy? Mainly it is *fun*—plenty of fun! But along with it are fellowship and social contacts; learning skills and the practice of getting along with others; becoming self-reliant; and, perhaps most important of all, being inspired to follow a high and demanding code of good conduct.

The stated objectives of scouting are "character building, citizenship training, mental and physical fitness." It's good for boys, and we believe along with Gunnar Dybwad, former executive director of the NARC, that "if scouting is good for normal boys, it is absolutely essential for retarded boys." Success stories are not of much help to leaders who work with the mentally retarded. What they need most is a "how to do it" guide. The BSA will soon publish a new pamphlet: *Scouting for the Mentally Retarded*. The rough text has been tried experimentally in the field, and all evidence indicates that it will provide the program helps needed by leaders. The challenge which will be stated in the foreword of this pamphlet was a guiding principle we borrowed from the National Association for Retarded Children:

> The child is there . . .
> Beyond the hurt and the handicap . . .
> Beyond the defect and the difference . . .
> Beyond the problem and its probing.
> How can we reach him? How can we set him free?

How can scouting help the mentally retarded? He may be hard to reach, physically or mentally handicapped, but the child is there—and scouting is for all boys. Just like any other boy, the handicapped one can be helped to grow in character, citizenship, and mental and physical fitness. In spite of individual limitations, which may make it difficult to progress through a normal scouting experience, the program can be thoroughly enjoyed, its purposes fulfilled, and enrichment brought to the lives of mentally retarded boys who enter the scouting program.

A handicapped boy is more like other boys than he is unlike them. Being like other boys is important! Thus it would be unfair to give him anything less than the real program—genuine scouting. None of its important requirements are eliminated or watered down. He is not isolated by a separate or specially designed program having different advancement standards and awards which tag him as handicapped. It is a basic principle that the experience of a handicapped youth should be as nearly typical of the regular scouting program as his physical or mental capacity will permit.

A child does not lack the boyhood spirit because he is mentally handicapped. He also wants to have the fun that other kids enjoy. For many handicapped boys this spark of deep and often desperate desire has been fanned to ignite a fire of burning ambition and effort. The results have been unbelievable achievements by scouts who overcame their handicaps. For a greater host of boys, however, with many varied and sometimes multiple handicaps, it has meant just being as much as possible like other boys—part of the gang, having fun, enjoying fellowship, acquiring new skills. Most of all, it has meant improving health, becoming more self-reliant, and adjusting more readily to the world in which they must live.

Volunteer leaders who work with those who are handicapped gain a tremendous sense of accomplishment. A great measure of personal satisfaction comes to those who have extended the hand of scouting comradeship to boys less fortunate by reason of impaired body or mind.

Practical problems do exist. How to provide the opportunity? How to bring the boy into the program? What modifications and adaptations of teaching technique will help him learn the knowledge or skill? How can we give him a significant place in the life of his cub scout pack, boy scout troop, or explorer post? Successful leaders who have helped the handicapped say that these obstacles do not present overwhelming problems but rather a challenge of the highest order. With dedicated interest and effort, the mentally retarded boy *can be helped.*

BRINGING THE PROGRAM TO THE BOY

When considering how to bring the program to the boy, the first question always is: "Should a boy with mental retardation belong to a scout troop with normal children? Or would he be better helped as a member of a special unit, organized especially to serve scouts with mental handicaps?"

Authoritative opinions on this question vary but experience confirms that it is possible to place a mildly retarded boy or two in a unit with normal boys. This provides the educable retarded boy an opportunity for helpful association in a normal environment. However, leaders should have adequate background and orientation regarding the type and nature of each retarded boy's handicapping condition. Leaders must be enthusiastic about helping handicapped youngsters, and at the same time must fully appreciate the special demands upon their patience, understanding, and skill.

Normal members of the unit also must be helped to understand their responsibility to be friendly, kind, helpful (not over-protective), and especially scoutlike to the "exceptional" boys in their midst. The usual experience is that normal members of a group are so eager to help that limits of their assistance to a handicapped buddy must be carefully defined. As a rule, not many retarded boys should be in a unit, because the average leader is unable to give adequate time for their special needs without an adverse effect on the program and the other boys. If and when there are cases where there are three or more retarded boys in the unit, it may be advisable to form a group within the unit, such as a den in a cub scout pack or a patrol in a boy scout troop. Because of the unusual needs for time and attention, additional leadership must be provided for this special group.

Most scout leaders who have had experience with retarded boys have found that a better program can be carried out in a unit formed especially for them. This makes possible a slower paced program which can be geared to their learning ability. Shorter activity or training sessions which do not extend beyond a reasonable attention span for the group can be planned. The Boy Scouts of America recommend the special unit plan.

Because they are members of their own special troop need not mean that mentally retarded scouts will miss out on helpful contacts with normal boys. Something worthwhile works for them in this good idea that "a scout is a friend to all and a brother to every other scout"—a part of the Scout Law. Just as world brotherhood is promoted on an international scale in world jamborees, it also happens in the hometown when scouts participate together in summer camps, district and council activities, and intertroop visits. More intimately, it occurs when older scouts or explorers from other units and Alpha Phi Omega members from the college campus are invited to help in the training of retarded scouts. Many chapters of APO—the national service fraternity of former scouts—have helped handicapped scouts as their special service project. One leader of a troop for retarded boys reported on the help received from star and life scouts from another troop: "When those scouts came back to visit us, they said that working with our kids had been an outstanding experience of their lives."

All scouting units must be sponsored by an interested group or institution. It might be a public institution such as a school, hospital, or residential facility, where officials, staff, or an auxiliary organization will assume sponsorship responsibility. A parent-teachers association of public day school classes for retarded children, or a group of parents united by their mutual need and interest, can effectively sponsor the program for their own children.

To get a boy into scouting, or for help on getting a unit started, contact the scout executive closest to you. He is the first resource for starting a unit to serve handicapped boys. A telephone directory or local inquiry will usually place you in immediate touch with the boy scout office in your area. The executive will arrange the contact with a volunteer group known in scouting as the Organization and Extension Committee, whose responsibility it is to guide the organization procedure.

Mechanics for the process are easy and orderly. The council organizers know their job and will do it well. Depending on the type of unit being organized, there are but few variations in the steps for establishing a cub scout pack, boy scout troop, or explorer post. For organizing any unit, the essential features are (1) a formal commitment for sponsorship; (2) selection and recruitment of key adult personnel, including leaders; (3) training of adult leaders and orientation of parents, if parents are available; (4) planning the program and starting the meetings; and (5) application for and presentation of a national chapter to the sponsoring institution and its unit.

Continuing help may be expected from visits and counsel from a neighborhood commissioner, a "helper of units." Program guidance and additional training opportunities for leaders are provided by the boy scout councils. In areas with active local chapters of the National Association for Retarded Children, a scouting consultant may have been appointed to serve as the liaison person between the Association for Retarded Children local unit and the boy scout council. He may or may not be a member of the ARC unit, but he will have been designated by both organizations as the one to handle ARC-BSA relationships.

MEMBERSHIP AGE REQUIREMENTS

Age requirements for membership in cub scouting, boy scouting, and exploring must be maintained as specified in the national constitution and by-laws of the Boy Scouts of America. However, a variation has been authorized for the upper age limit in the case of handicapped boys. In units sponsored by a school or parents association for retarded children, a mentally retarded boy is sometimes permitted to register as a cub scout for a year or two past age 10. This practice would probably be followed in situations where there are not enough boys available to form a scout patrol or troop.

In many troops and posts where all members are mentally retarded (in schools and other special groups), boys are permitted to stay in the program as registered boy scouts or explorers when they are 18 years of age and older.

While this practice may be permitted with special permission and some limitation in units of retarded boys, experience indicates that it should never be done in packs, troops, and posts where mentally retarded boys are included in a program with normal boys.

In those institutions where flexibility is necessary, arrangements with and approval by the local council must be obtained. Where the scouting program is being used by an institution for handicapped boys, if a boy's mental growth is retarded, he may be permitted to stay in cub scouting beyond the 11-year age limit. However, caution should be exercised to avoid "perpetuating eternal childhood." Whenever possible, it is preferable to graduate a boy into the next higher program when he reaches the eligible age.

Rank is of minor consequence in units with retarded scouts. The person and his needs come first. Achieving high rank in scouting is a minor consideration for the retarded boy, compared to helping him surmount his first challenge and become a tenderfoot scout. Recognitions should be given along the way since it usually takes him a long time to pass the basic requirements.

In order to become a member, a boy must formally subscribe to the Scout Oath and Law. This does not necessarily mean memorizing it. Then he may be registered and start work on his tenderfoot tests.

While a moderately retarded scout usually will take a longer time to achieve his tenderfoot rank, it is not unusual for the mildly retarded (educable) boy to make good progress in test passing and attain the second class rank. A second class scout is eligible to earn any merit badge. This broadens his field of opportunity and offers the chance to gain recognition in many areas of individual interest. The *Boy Scout Requirements Handbook* (No. 3216A) describes over one hundred subjects in which merit badges may be earned. Many of these can be achieved by retarded boys. Schools, institutions, and special education classes for the mentally retarded have training in print shop, metal working, craftwork, art, woodwork, and other subjects included on the list of the merit badges. A second class scout may acquire as many merit badges as he is able to earn.

PROGRAM AIDS

The cub scout and boy scout handbooks generally are considered too advanced for retarded boys (since reading skill is required), except for the more advanced and mildly retarded youth. However, the many illustrations in the manuals make them helpful, even to those unable to read. The same observations apply to *Boys' Life* magazine. Few retardates may be able to read it, but they enjoy the pictures. Because the magazine is mailed to the individual boy, it means something special to him; it is his own possession and may be the only mail he personally receives. It gives him status and may help develop a sense of personal worth and belonging. Many leaders who work successfully with our boys read articles and stories from *Boys' Life* magazine at troop meetings.

Monthly program helps are regularly published and provided to leaders in *Scouting* magazine. The themes suggested are readily adaptable for use in planning indoor and outdoor activities for retarded youth.

TRAINING FOR LEADERS

In order to help leaders succeed and give them essential preparation in scouting, training courses are conducted by the local boy scout council. They give thorough grounding in basic policies and procedures and teach leaders how to plan and carry out effective meetings and activities. Monthly roundtable meetings for leaders supplement this training and give them a continuing opportunity to gain new program ideas.

INSIGNIA AND SPECIAL RECOGNITIONS

Official scout badges and insignia can only be given to those who have passed all the requirements for that particular rank or award. Since progress with many of the mentally retarded is often slow, special recognition for achievement of individual tests, or *parts* of tests, is authorized and encouraged. If special recognitions are given to boys for single requirements achieved, they must not conflict with standard uniform and insignia regulations. Also, recognitions given for single tests, or steps attained to mark partial progress on the way to a regular rank or badge, should not be identified as being solely for use by the handicapped.

In institutions where scouting is being used for groups of mentally retarded boys, by arrangement with and approval of the local council, locally designed temporary recognition items may be authorized for use as awards for completing individual tests or partial tests. A simple certificate has been found to be an excellent means of recognizing such progress. Such a certificate can be made available by arrangement with local boy scout councils. Other items which may be used are (a) a neckerchief slide of distinctive design for achievements in test passing; (b) belt awards—locally designed symbols of tests stenciled or stamped on a uniform; and (c) personal items, such as book markers or pocket pieces.

ADVANCEMENT STANDARDS

Cub Scouting

Requirements for the cub scout achievement plan are quite explicit as stated in the boys' books. Most of these steps can be understood easily by mentally retarded cubs or explained by an adult.

Pack leaders and parents should assist in interpreting the standards so that awards to each boy are meaningful and given in recognition of the fact that the cub scout did his best. This authorized flexibility permits the substitution of requirements where a physical or mental handicap becomes an obstacle to passing a cub scout test or achievement. In every case a boy should accomplish something worthy of recognition related to the requirements of that achievement.

In the fitness achievements, for example, the Wolf and Bear handbooks state: "Where a licensed physician certifies that the Cub Scout's physical condition for an indeterminable time does not permit him to do three of the requirements in this achievement, the Cubmaster and Pack committee may authorize substitutions of any three of the arrow point electives." Comparable substitutions are allowed for retarded boys.

Boy Scouting

In the boy scout advancement plan no changes in advancement requirements are permitted except those approved substitutions now specifically allowed. These are described in a special pamphlet entitled "Application for Substitution for Basic Boy Scout Requirements."

PASSING THE TENDERFOOT REQUIREMENTS

A boy becomes a scout in a formal ceremony when he repeats the Boy Scout Oath and receives his membership certificate. He must promise his best effort to live according to the Oath and Law.

Normal boys are expected to pass their tenderfoot requirements before or soon after being officially registered as boy scouts. More time is needed for mentally retarded boys. For many of them, passing the tenderfoot tests will be their total advancement experience. They should not be pushed too fast to grasp the concepts of the Boy Scout Oath and Law. Sometimes additional handicaps such as speech defects, deafness, visual handicaps, or lack of physical coordination will make it difficult to learn and pass these tests within the month or two usually taken by boys without handicaps.

Much repetition and a patient variety of exposures to the skills and knowledge required can help the boy finally meet the necessary standards. Recognition along the way for completion of individual tests will add encouragement and further motivation. Retarded boys generally need more incentives than normal boys. It may be a long, long way to that tenderfoot badge! Meanwhile, we may present him with a token of honor when he learns how to tie and use his first knot. A personal item, such as a distinctive neckerchief slide or small certificate will mean a great deal if presented to the scout in troop ceremony. Let us remind again that "rank is of minor consequence in units serving mentally retarded boys. The person and his needs come first." So, the youngster who has demonstrated the ability to tie his shoe laces using a square knot with bows should enjoy the thrill of recognition for his progress along the way to tenderfoot rank.

INTERPRETATION OF REQUIREMENTS

While requirements must be left as they are and boys helped to progress toward them, it will assist the mentally retarded boy to state the essential information in words he can understand. Experienced leaders have collaborated on a simplified version, which translates the intent and purpose in an acceptable way. This practice has been used successfully in several troops with mildly retarded boys. Since approximately 90 percent of all retarded children are in the former group and about 7 percent in the latter, we have an open door to the great majority who suffer the disability of mental retardation. The 3 percent remaining are too disabled to be helped by scouting, and it is probably better that no effort should be made to do so.

We believe that some success has been achieved in our most difficult task: the development of methods to teach scouting skills and knowledge to the mentally retarded. Let it be said once more that scouting is for *all* boys and that the retarded boy gets the "real McCoy," genuine scouting. Standards are firm but interpretations are very flexible.

WILLIAM A. HILLMAN, JR.
Project Director, State Colony
Woodbine, New Jersey

Recreation for the Severely and Profoundly Retarded

Rough estimates of the number of severely and profoundly retarded in the United States would indicate that there are now between 285,000 and 300,000 individuals functioning at these levels. This number accounts for approximately 5 percent of the 5.7 to 6 million individuals who are retarded in the United States.

In a recent census Scheerenberger reveals that approximately 125,000 retardates classified with IQ's of 35 or below are residents in public or private facilities in this country. Within public residential facilities this accounts for 60 percent of the total resident population.

On the basis of these figures it is apparent that the severely and profoundly retarded make up the bulk of institutionalized retardates, and any programing must provide consideration for this group. It may also be true that the severely and profoundly retarded in the community are younger, thus less able to partake in many of the available services, while those in the institutions are older and possibly more able physically.

Residential facilities and other types of treatment centers will be those most concerned with providing services for the more seriously retarded. Recreation programing will be of considerable importance in dealing with services to those individuals. Because severe limitations are introduced in dealing with treatment and training in this area, the media of recreation often offers a more sound approach than special education or vocation training activities.

Traditionally, most institutional recreation programs have been geared toward the higher level retardate. Program descriptions as early as 1929 by Schlotter and Svendsen did deal with a small percentage of severely retarded. In their recreation experiment 15 severely retarded individuals were included out of the 127 in the study. However, for the most part, literature on programs revealed that a high proportion of recreation time was spent in dealing with those mildly retarded residents of the institution.

In recent years, some interest has been directed toward experimentation and programing for the severely and profoundly retarded. In 1963 on the basis of a study relating to critical ratio staffing (Oudenne) it was concluded that the placement of a recreation team on the cottage would best meet the recreation needs of this population. A recent publication by Hollis reporting effects of stimuli on the profoundly retarded, indicated that behavior considered to be social interaction and play was not readily apparent in the profoundly retarded. Play, as defined by the study, was almost nonexistent in the early and middle part of the study. Although not a planned part of his research, Hollis did note some movement on the part of the subjects toward socially acceptable patterns of behavior after repeated exposure to various stimuli. He felt that the typical institutional environment did not provide the type of stimuli to promote adequate social development or play habits. In a study of the effectiveness of recreation with the severely and profoundly retarded, Parker found evidence of increased physical fitness; a reduction of illness, as determined by confinement to bed; a lessening of aggressive behavior; improved sleeping habits; more easily controlled behavior; and overall general improvement, as measured by the criteria of the study.

In a report on recreation with the profoundly retarded by Hillman, he indicates that a change in the environment and social milieu has provided opportunities previously excluded from the life of the profoundly retarded. As conjectured in other studies, continued experience and exposure to toys, games, social stimuli, and play in general have generated significant movement toward increased sociability, improvement in manipulation areas, and small changes in physical coordination. Hillman maintains that positive movement in certain areas of behavior suggests that the profoundly retarded will manifest changes in behavior allowing not only for a more stimulating life but also for a more general adaptive behavior functioning, to the point of improving his cottage behavior.

A survey on institutional recreation by the National Association for Retarded Children was conducted in 1963. Although a majority of institutions purported to have programs for the more seriously retarded, it was felt that their program descriptions were not the types to meet the needs of these individuals. Their recommendations, implying the need for a critical look at present approaches, were as follows:

1. There is a need to explore and try other kinds of recreational activity for the severely and profoundly retarded.
2. There is a need for institutions to take a careful look at their recreational programs to determine if they are providing a well-balanced recreation program with various recreational activities that meet psychological and social needs of the residents. At the same time these institutions should examine their resident staff ratio to ascertain if they have sufficient staff to achieve a balanced program.
3. There is need for full-time recreation personnel in institutions. Likewise, there is a need to reduce the resident-staff ratio.

With the present-day trend toward more localized services for all levels of retardation, it is probable that program plans for the severely and proundly retarded will have to be made at the community level. In recreation, success in this area will be based on disseminating information for the development of allied programs for the retarded within municipal recreation departments. The reluctance of the municipal departments to program in this area may be due as much to lack of knowledge of mental retardation as to budgetary problems.

At the state colony at Woodbine, New Jersey, two on-going hospital improvement project grants are dealing with recreation for the severely and profoundly retarded. The Recreation Department, with 12 staff members, also carries out a year-round program for the residents. The development of this staff of 12 was an indirect result of the success of the initial grant entitled "Therapeutic Recreation for the Profoundly Retarded." As in many institutions, a large summer staff is hired to supplement activities during this season.

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WAYNE L. SENGSTOCK
Consultant, Education and Recreation
National Association for Retarded Children
New York, New York

Sex Education for the Mentally Retarded

Although a young man or young woman may have a retarded intellect, they have the same growth and demand for satisfaction of impulses that exist in other people. Yet parents who have been in the forefront of other battles for their children hesitate to even mention the subject of sex to these children in any meaningful way at any age. They fear this would lead to a whole new set of problems for the innocent, or they have serious doubts about their own capacity to make a positive contribution to the lives of their offspring.

Problems reported by parents are (1) the inability to answer questions, (2) coping with excessive masturbation, (3) fear that the young adult may become a danger to children in the community, and (4) fear that their offspring will be the dupe for immoral persons.

All attest to the size of this problem and the complexity of dealing with it on any organized basis. Looking at the general areas of parental failure, we can isolate three main problem areas where parents need help:

1. Establishing realistic and sound attitudes on sex relationships both on the part of the parent and the youthful retardate;
2. Channeling natural drives into socially acceptable behavior; and
3. Providing, where necessary, for some form of lifetime supervision over relationships in the area of sex, whether in or out of marriage.

In the Baltimore program of sex education for the mentally retarded, the following are listed as being important in a comprehensive program of sex education:[1]

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[1] Harrie Selznick, "Sex Education and the Mentally Retarded," *Exceptional Children*, XXXII, No. 9 (May 1966), 640-43.

1. Biological aspects (reproductive processes, inheritance, etc.).
2. Preparation for marriage, family life, and child care.
3. Sociological aspects (the family as a social institution, significance of marriage and divorce, etc.).
4. Health (cleanliness and hygiene).
5. Personal adjustments and attitudes (premarital standards, boy-girl associations, proper attitudes about sex, etc.).
6. Interpersonal relations (consideration of others).
7. Establishment of values (high standards of living).

Ultimate objectives of the Baltimore sex education program include the following:

1. To provide the pupil with an adequate knowledge of his own physical maturity and physiological development.
2. To develop wholesome objective attitudes toward sex and a desire to achieve a mature, balanced personality.
3. To give the individual insight concerning his relationship with members of both sexes and to help him understand his obligations and responsibilities to others.
4. To give the pupil an appreciation of the positive satisfaction which wholesome human relations can bring, in both individual and family living.
5. To eliminate fears and worries related to individual adjustment.
6. To build an understanding of the reason for moral values.
7. To provide enough knowledge about misuses of sex that the youth may protect himself against exploitation.
8. To help prepare for parenthood.
9. To create an awareness of human interdependence and the social costs of sexual experimentation.
10. To leave the pupil with an appreciation of his role in the chain of human propagation.

To demonstrate how the biological aspects of sex education can be explained to mentally retarded students, a kit of slides entitled "How Babies Are Made," produced by Creative Scope, Inc. (509 Fifth Avenue, New York, N.Y. 10017) is appropriate for showing.

EUNICE K. SHRIVER
Executive Vice President
Joseph P. Kennedy Jr. Foundation
Washington, D. C.

A Challenge to Action

Last spring on a beautiful clear day in Colorado the boys and girls in a special class for the mentally retarded experienced one of the most exciting events in their lives. For the first time they got a chance to compete in a track meet with normal children. Never in the history of Colorado—perhaps never in the history of the United States—has such a track meet taken place.

One of the retarded children was a girl named Glenda, a shy ten-year old child from a deprived home. She and her classmates had been participating in a physical education program for the retarded. Glenda lined up for the first event, the 50-yard dash. Seven seconds later she had won the race, astonishing the coaches, the players, herself, and—2,500 miles across the country—me! The idea that a retarded child could win a blue ribbon in physical competition with normal children was something I never believed could happen.

But even more amazing is the fact that Glenda collected four more blue ribbons, plus a red ribbon for second place in the softball throw. At the end of the track meet, Glenda was the number one star and everybody was amazed. This was Glenda's dramatic performance. And it happened because Glenda and her classmates, all of them mentally retarded, had been taking a regular gym class at the Boulder School in Colorado.

In the same project with Glenda was a young boy named Kim, mentally retarded since birth, and handicapped even further with a cleft palate. Kim participated in the same gym class as Glenda. He became a good tumbler. He learned how to pass a football. He speaks better. And even though he wasn't a match for Glenda in the track and field meet, the remarkable development in his personality encouraged his teacher to ask him if he would like to run for president of his class. "I'd be glad to," he said and he was elected.

I could tell dozens of similar stories. Stories about children with severe behavioral problems *until* they learned to swim. Stories about a retarded girl in

Portland, Oregon, who had never spoken a word until she went to summer camp. Now she responds in conversation 90 percent of the time. Stories about a fourteen-year old retarded boy in Toronto who could not read a word until he learned to play hockey. Now he reads the sports pages and can tell you the standing of every team and almost every player in the National Hockey League.

Politicians would describe these examples as "early returns" because they are in truth early returns from demonstration projects sponsored by the Joseph P. Kennedy Jr. Foundation and AAHPER in eight states. They show the dramatic way in which behavior can be changed through a program of physical education and recreation.

These optimistic early returns are counterbalanced, however, by some returns from another research program by Dr. Brace. The returns are as discouraging as the case histories are hopeful. The following are samples:

How many children get any recreation program in school at all? Less than 20 percent.

How many have a chance to play at public recreation facilities? Only 4 percent.

How many are cut off from swimming programs in school? 90 percent. From gymnastics and track and field? over 60 percent.

In other words, through lack of knowledge, lack of effort, and lack of money enormous opportunities are being passed up. We are *making* retarded people by denying them the chance to use their bodies and thereby improve their minds.

There is one overriding reason why we are so far behind. When it comes to city, state, and national funds for education, *physical* education stands at the end of the line. Available money must be stretched to the breaking point even to provide physical education for normal children. Retarded children become forgotten children when dollars are scarce even for normal children.

This is more than unfair—it is bad education policy. Not only can the retarded, with the proper training, learn to run and throw and swim sometimes as well as normal children, but physical education and recreation actually improve their intelligence. All children show a definite correlation between physical activity and the growth of intelligence—whether it is a baby developing motor skills by picking up objects, or a child who develops judgment and coordination by playing jacks or jumping rope.

Recently Genevieve Painter of the University of Illinois reported that the lowest IQ children in a kindergarten who were given systematic training in perceptual motor skills improved significantly in several respects:

They were able to draw a human figure better.
They had a more accurate view of their own bodies.
Their eye-hand coordination was improved.
They had a better sense of balance.
Their language improved.

So motor training does pay off! Think what this new knowledge means for the future of our country. There are now millions of people with IQ's of 50–75. Most of them live in poverty areas. With the right kind of programs of recreation, physical education, medical attention, and teaching, we can take children and raise their mental and physical abilities, and they will be far more effective human beings. We could also regard it as a money-saving investment.

The superintendent of one of our leading institutions for the retarded has said that one-third of the retarded now in institutions could live in the community if only they had the recreational skills to cope with their leisure time and recreation programs were available for them. This means that 50,000 retarded individuals could be returned to community life. It costs $200,000 over the lifetime of an individual to keep him in an institution. Thus, the saving to our economy would total ten billion dollars.

I am impatient with progress in this field. For at least three years, I have been trying to get the people in charge of education programs in our federal government to give some consideration to recreation and physical education as a legitimate part of education. I get back letters that say something like this: "Dear Mrs. Shriver:

Thank you for your suggestion, but we think that first the role definition between recreation and physical education should be spelled out, so this may help clarify the relations between these fields and clear the way for alternate modes of action."

That kind of response would make anyone impatient! In addition, the education authorities have failed to prove that the study of Latin or algebra or other subjects will educate the mind, the body, the personality more than recreation or physical education.

If a woman can't be impatient, who can? Susan B. Anthony worked for 30 years for women's suffrage. When the men told her women couldn't vote, she went and voted anyway. They took her to court and fined her $100, but she had made her point, and women vote today. (Incidentally, she never paid the $100.) Cato stood in the Roman senate for five years and in every speech said, "Carthage must be destroyed"—until finally it was. Let me spell out what should be done if we are going to have an adequate recreation program.

First, we badly need more trained specialists. Time and again our surveys have shown that communities want to give special attention to the retarded but just don't have the staff to do so. We will need 5,000 physical education teachers for the retarded in the next few years and 4,000 recreation specialists.

We are on our way in this field. Over 2,400 professional recreators attended workshops in 1966. Some of the directors of those workshops have gotten together to recommend college courses for bachelor and master's degrees. By 1968 we anticipate that over 200 colleges will be offering courses to teachers and recreators. Thus we have begun to train the teachers who can train others.

But you should not be satisfied until every undergraduate student can take some course work and field experience in working with the mentally retarded.

Second, we need more money, and this is one of the most difficult tasks of all. If physical education is a stepchild in the field of education, physical education for the retarded is an abandoned orphan. A few grants have been made by one or two agencies of the federal government, but they have been small compared with the need.

In 1966, we tried an end run on the federal government. Instead of asking HEW for funds, we tried to earmark money for the retarded, in a separate part of the education bill. This was a fine amendment because it would have given us over two million dollars for training and research each year. It was introduced by my brother, Senator Edward Kennedy. It passed the Senate, but it did not get by the House of Representatives. I have no brothers over there. I hope you will write to your congressman in 1967 when giving support of this legislation.[1] In the meantime, I hope you will write to us if you have any suggestions on needed legislation in the field of recreation and physical education.

Third, we should have a nationwide fitness program. The physical fitness standards for normal children can be scaled down to where many retarded children can reach them, and new standards for trainable children have recently been established. Dr. Rarick has gone a long way in developing norms for the retarded. I hope all of you will help to institute a fitness program for the retarded on a nationwide basis.

Fourth, we should have nationwide athletic contests among teams of mentally retarded children and normal children. I called for this at the Dallas convention a year and a half ago. I am happy to say the idea was finally picked up—by England. London and Birmingham have such a program in cross country, track and field, and soccer. They even select an all-star team made up entirely of retarded. As an Irish-American, I say that if the English can do it, we can do it. Nothing gives these children greater stimulation than to be able to compete, at their own level, and win recognition for their success.

Finally, we should adapt games for the retarded. If we have blind golfers, deaf and dumb football teams, and paraplegic basketball teams, we can do as much for the retarded. Out at our project in Colorado, they have adapted wrestling, volleyball, bowling, and hockey, and this winter they are even going to take retarded children skiing. Why don't your organizations set up modified track and field events for retarded children?

I hope you will use your ingenuity to develop some new games for the retarded. Be creative and inventive. Perhaps you can design a new playground. I know a park commissioner in a large city who would build such a playground tomorrow if it were available.

Our country has a very simple choice. We can go on making retarded children by ignoring their needs and skimping on facilities, or we can help improve their minds, bodies, and spirits by making a greater effort. If you can spread the word about our opportunities—if you can inaugurate new programs—then this conference will be a success. But if the final result is talk not acted on and ideas unexecuted, this conference will have failed.

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[1] One of the 1967 amendments to the Mental Retardation Facilities and Community Mental Health Centers Construction Act provides assistance for specialized training of physical educators and recreation personnel for mentally retarded and other handicapped children, and for research and demonstration projects relating to the physical education and recreation of such children. Additional information about this legislation can be obtained from Lee Ross, Public Information Officer, Bureau of Education for the Handicapped, Department of Health, Education, and Welfare, 7th and D Streets, S.W., Washington, D. C. 20202. Telephone: (202) 962-1478.

President Kennedy once said: "These children are the victims of fate, let them not be the victims of our neglect." This was my brother's dream; let it be your dream, too. And remember, good intentions are not enough; neither is inaction. As Dante said, "The hottest places in Hell are reserved for those who in times of moral crisis preserve their neutrality."

Group and Special Interest Discussions

During the National Conference on Programing for the Mentally Retarded a number of small group discussion sessions and special interest groups met to permit participants to share ideas, identify and attack common problems, and react to different presentations. Each special group consisted of individuals selected on the basis of their interest, background, and experience. Since each group focused on topics of concern to its members and on problems of retardates with different chronological ages, functional and school levels, degrees of retardation, and from different kinds of facilities, the discussions covered a wide range of topics and resulted in a variety of diverse opinions.

In organizing this section of the Proceedings, major topics and considerations were taken from all reports and then consolidated. Each major topic in this section is structured to cover the pertinent points in the most appropriate manner. In some cases thoughts and needs are identified, in others questions are posed, while in still others, definitive statements are made. Regardless of the approach, provocative materials, stimulating questions, and challenges to all who work in the field are included. Specific sections deal with (1) professional preparation; (2) diagnosis, evaluation, and placement; (3) research; (4) program materials, including activities and methods; and (5) the trainable retarded.

Diagnosis, Evaluation, And Placement

Thoughts and Needs

An important purpose of diagnosing and evaluating various facets of a retarded child's behavior is intimately related to placement. For placement all children generally fall into one of three categories:

1. Those who can work in normal situations with the nonretarded.
2. Those who need some individual help.
3. Those who need constant individual assistance.

There are a number of vital tasks to accomplish if optimal placement for each individual is to be effected:

1. To develop and use definitive terms that are interpreted in the same way by personnel from different disciplines and from different

parts of the country (e.g., consistency in the meaning and use of such terms as educable, trainable, severely, and profoundly retarded).

2. To determine the best procedures and persons for evaluating physical education and recreation programs for the retarded, and to determine the adequacy of existing devices (e.g., LaPorte score card, evaluative criteria, etc.) for use in making these evaluations. *Thought:* In what ways can visits to other programs and sites be used as adjuncts to the evaluation process?
3. To determine diagnostic and evaluative techniques that can be used most appropriately as admission criteria for different kinds of programs in a variety of settings, and to determine the devices and methods that can be used most effectively in evaluating the progress of the participants in these programs.
4. To encourage the use of individual evaluative and diagnostic measures to determine the weaknesses, needs, and progress of each participant, rather than relying on group classification tests or indexes for these purposes.
5. To place the IQ in perspective as a device for diagnosing, evaluating, and placing the retarded in programs, and for selecting activities in these programs. The IQ is an inadequate and antiquated means of determining a child's overall ability, in that he may possess a high level of development in one area and a low level in another, which results in an inability to learn and function at levels suggested by the IQ score. The IQ is but *one* of many measures that reflect abilities and disabilities of an individual—it is a questionable criterion to use in classifying children. There are many factors that result in depressed IQ scores that are not really indicative of the true potential or real functional level of the mentally retarded.
6. To determine reasons why higher correlations are found between motor and intellectual function in lower level retardates than are found in those functioning at higher levels. *Thoughts:* Are these differences in motor ability per se, or are they influenced by the intellectual component of the motor task? Do retarded youngsters, in fact, have a shorter attention span than their nonretarded contemporaries? Is the retardate's inability to learn a reflection of his inability, or of our inability to teach and reach him?
7. To determine how motor activities can be used to stimulate, motivate, and activate the hypoactive, profoundly, and severely retarded and how they can be used as a cathartic device for the hyperactive.
8. To emphasize ability rather than disability in grouping children, to avoid categorizing them on the basis of some single impairment or disability.

DEVICES

There are many ways to measure an individual's progress along with his growth and development and to evaluate the effectiveness of physical education and recreational programs. Among the many devices that have been used successfully in these programs are—

1. Films, slides, pictures, television, and other visual means to assess the progress of individuals and/or groups.
2. Rating scales to measure participant progress and to make various assessments of programs of all types.
3. Developmental scales to determine individual progress, growth, and development.
4. Standardized tests and devices of all kinds to measure motor development, motor ability, physical proficiency, physical fitness, along with other similar traits and abilities.
5. Teacher made and leader constructed instruments that are designed to assess progress in specific areas and to determine the extent the goals of the program have been fulfilled.
6. Analytical observation and critical analysis, which should not be overlooked as important ways to evaluate the individuals and the effectiveness of the program.

There is a need to include demonstrations of various evaluative devices and the procedures to administer them in workshops, clinics, institutes, and other professional meetings.

PROBLEMS AND QUESTIONS

1. What are the most effective ways of determining if an individual is in fact mentally retarded? How can mental retardation, specific learning problems, neurological impairment, brain damage, emotional disturbance, and motor perceptual difficulties be differentiated?

2. Can the retarded function in the same way as their nonretarded peers, except at a slower pace and rate?

3. How can cause and effect relationships be distinguished to make diagnosis and analysis of problems more valid and reliable? Why do some of the retarded have difficulty in performing motor and physical activities, while others are found to attain average or better levels in these activities?

4. How can youngsters who are misplaced in special education classes for the mentally retarded, (e.g., emotionally disturbed, those with behavior problems, children with learning difficulties, low testers, culturally deprived, etc.) be properly placed in classes designed to meet their special needs and specific conditions?

5. How can older and larger trainable children be placed in situations designed to meet unique needs rather than placing them in classes for the educable mentally retarded for reasons of administrative expedience?

6. Should there be greater consistency among boards of public education in accepting their responsibility to program for the trainable retarded? Are the problems involved in programing for the trainable truly educational in nature? Should the trainable be placed in special buildings or in units housed in regular school buildings?

7. Should the mentally retarded be scheduled for physical education in their own homogeneous classes *separate* from their nonretarded classmates, or should they be *integrated* into regular classes? Are there factors at the elementary, junior high, and senior high school levels that could affect differentially placement of the mentally retarded for physical education?

8. How and where does the retardate locate community recreation programs and activities in which he can participate and be accepted? In particular,

how can the program in the residential facility be designed to prepare an individual for the kind of program he will find upon his release into the commuity?

Program

GENERAL STATEMENTS AND CONSIDERATIONS

1. The goals of physical education and recreation should stress development of the physical, emotional, economic, social, and intellectual functions of the retarded. It is important that the teacher or leader focus on the desired goals and structure the program so that the objectives can be attained by each individual.

2. No program should be superimposed on all classes, schools, and individuals. The needs, interests, abilities, background, experience, and functional level of each individual child are the prime considerations in developing programs that are meaningful and significant to the retarded. Equally important is the consideration of personality, background, experience, and philosophy of the teacher himself. Activities and methods successful for one individual in a given situation will not necessarily be successful for him in another situation or for another in the initial situation.

3. Many of the activities and methods that are being developed to meet the specific needs of the mentally retarded are equally good (if not better) for the nonretarded who function at comparable levels, even though chronological and mental ages might be quite different from those of the retarded.

4. The fact that the mentally retarded are more like their nonretarded contemporaries physically than in any other way should be considered when planning their programs. In addition to exploiting physical education and recreation for their contributions to neuromuscular development and physical fitness, they should be considered and used for the contributions they make to the total growth and development of the individual—intellectual, social, emotional, ethical, and as physical. Activities from these areas focus on the concrete, and upon doing so they can serve as stimuli and motivators for the retarded to achieve and progress in other curricular areas. Programs that place undue emphasis upon the academic, abstract, and nonfunctional need careful evaluation and redirection.

5. Many schools, residential facilities, and day care centers have developed excellent physical education and recreation programs for the retarded, but there is great need for constant evaluation and examination of all of these programs in an effort to make the good ones better and to bring others up to acceptable standards.

6. Activity and living in one's childhood require mastery of certain motor skills and development of skills basic to physical education and recreation, since motor-perceptual activity is being shown to be a major factor in the learning of the mentally retarded. Greater emphasis should be placed on early identification of the retarded so that they can be placed in preschool and nursery programs that stress motor and motor-perceptual development.

7. Repeated successes create a more receptive attitude on the part of the retarded and help get them out of the failure-frustration cycle in which so

many have been mired. Therefore, early emphasis and concern in both physical education and recreation programs for the retarded should be upon activities in which they can be successful, while they respond to challenges that have meaning and significance for them. The breadth of physical education and recreation is so great that regardless of ability, background, experience, or functional level, every individual can find activities in which he can be successful and have fun.

8. The major goal of all special education programs, including physical education, is to make the retarded able to function as independently as his potential dictates. Thought should be given to clever ways of introducing the retarded into our social structure. Physical education and recreation can contribute to the development of a better understanding by the retarded of what society expects of them, and at the same time enable the general public to develop greater appreciation of retardation and how it affects the function of the individual. Without mercy there is no future for the retarded.

9. Stereotyping and generalizations about the mentally retarded must be eliminated. Statements like "They can't learn," "They have poor physical or social skills," "They have short attention spans," and "They are emotionally unstable" are often based upon a few instances and predicated upon the IQ as a single (and questionable) criterion for diagnosing retardation. The emphasis must be upon each retardate as an individual with different aptitudes, interests, abilities, and needs. Focus must be upon the development of the retardate as an individual of worth and dignity, who is capable of much growth and development and who deserves help.

ACTIVITIES

Physical education and recreation activities contribute much to learning growth and development of the mentally retarded. Therefore, a major concern of the physical educator, recreation specialist, special educator, or parent working with the retarded in these programs must be upon the activities as means, not as ends in themselves. Active participation in physical education and recreation programs can help in building better and more productive citizens and can assist the retarded in discovering and capitalizing on all of his innate abilities. While a major focus and thrust of physical education is upon educating through the physical, it is necessary to consider that certain minimum levels of motor ability and physical fitness must be attained before these activities can be used to help the retarded achieve other important educational goals and objectives. With the young and lower functioning level retardate, initial concern should be given to *education of the physical*. Each retardate is and must be looked upon as an individual, a person worthy of being helped, one with certain abilities, specific interests, and a background built upon a variety of his own experiences. Activities must be selected on the basis of the individual and considered in terms of what each does for the child, not on the basis of what the individual does for the activity.

Following are some of the thoughts, suggestions, and ideas presented by individual teachers, leaders, volunteers, and parents about activities that have been successful in their programs and with their children. These activities are offered as examples and to stimulate the creative thought, resourcefulness, and originality of the reader, so that he will expand these along with developing and inventing new activities.

Outdoor Education

There are many successful outdoor education programs for the retarded throughout the country. These are sponsored by public schools, residential facilities, and day care centers, and are a part of programs conducted by many special groups. The trainable have been included in many of these programs; successful experiences with the severely and profoundly retarded have also been reported. Programs have been conducted for different blocks of time: a few weeks, several days, single days, and on a regular basis throughout the year.

The breadth of activities in an outdoor education program is tremendous: camping, outdoor living skills, pioneering, aquatics, cookouts, fishing, mountain climbing, exploring, hunting, air riflery, hiking, trips, along with many others. These activities can be integrated and correlated with other areas in the school curriculum, e.g., science, basic tool subjects, history, geography, cultural topics, health, safety, art, music, arithmetic, written expression, and oral expression.

Carry-over and Lifetime Activities

The conferees felt that more emphasis was needed on preparing the mentally retarded to participate in activities with carry-over value and lifetime potential. While some schools and residential facilities are providing adequate opportunities in these areas, they have been neglected in too many programs. Particularly needed are follow-ups on participation in community programs by those in residential facilities during the time of their residency as well as when they return to the community. Many conferees believed that most community recreation programs did not offer adequate programs and facilities for the ill and handicapped in general, and for the mentally retarded in particular. (See reports by Joan Ramm about community-residential facility coordination and cooperation, pp. 80–82, and by Janet Pomeroy about programs for the multiply handicapped and the severely retarded, pp. 32–37.

It is important to introduce the mentally retarded person to as many carry-over and lifetime activities as possible, so that sufficient skill can be developed for him to derive pleasure and satisfaction from his participation. Among the specific activities that should be considered and included are bowling, swimming and other aquatic activities, miniature golf, shuffleboard, croquet, ping-pong, archery, fishing, and hunting. There is an urgent need for research to determine the recreational interests, needs, and leisure time pursuits of the retarded.

Activities for the Severely and Profoundly Retarded

In too many instances the severely and profoundly retarded have been neglected by recreation staffs in residential facilities. These retardates need to be involved in as many activities as possible—getting out of their cribs, moving around, and having the opportunity to change position and to go outside. They should be exposed to a variety of activities including music, finger plays, action songs, and rhythmics. A program designed to take the residents away from the facility and involve them in as many community activities as possible should be included. Many kinds of trips into the community, outdoor camping, walks in the fog and rain, and climbing trees have all been successful with the severely retarded.

When planning facilities and assigning their use, ample space must be allocated for mobility activities of the severely and profoundly retarded. Much imagination and creativeness are needed in developing programs, and the activities that have been used with them include water play with food coloring or soap suds added for motivation and interest, corn meal play, mud pie play, ice cube play, and the like. Kitchen equipment, e.g., egg beaters, sieves, strainers, pots, pans, tin plates, potato mashers, all have been used successfully with these children.

Suggestions and Thoughts

During the conference, examples of a variety of activities and special use of different kinds of apparatus were described:

1. Exploration of movement and the development of basic movement patterns. Basic concepts of laterality, directionality, balance, locomotion, mobility, spatial relations, and other perceptions must be included if the individual is to develop an awareness of his body and of himself. These activities are intimately related to the development of self-image, and need to be approached with a variety of techniques. Sensory stimulation should be kept at a high level, since the retarded respond more favorably to the kinesthetic, tactile, and visual than to the verbal and abstract.
2. Matching shadows where figures projected on a wall are matched by the child.
3. Mirror activities where the child sees himself in action so that responses of those parts of the body out of his field of vision can be seen.
4. Figures on flannel boards which show changes in body position and serve as a pattern for children to imitate.
5. Bounce board (4′ x 6′ x ¾″ plywood supported on two blocks) as a lead-up to the trampoline, as a device for developing balance, and for reproducing certain basic movements in another medium. To provide the child with greater challenge at a more advanced stage, inner tubes can be tied between two mats and used for these same activities.
6. Trampoline activities, use of ladders, and other apparatus as a means of encouraging the child to respond to a variety of external stimuli, small trampolines and mini-tramps permit the teacher to hold the child's hand while he is performing, so that he can gain confidence before venturing into the activity on his own. Army surplus life rafts inflated and turned over can serve as an improvised trampoline.
7. Tires, toobers, and inner tubes for a variety of activities, e.g., individual activities, relays, team games, obstacle or confidence courses, and balance activities.
8. Sport skills, games, [illegible], dancing, bowling, and the like as lead-up activities to motivate participation during one's leisure and free time.
9. Music and rhythmical activities, both to supplement other areas (e.g., basic movement, swimming, and fundamental skills) and to constitute an integral part of the program. So often the retarded

show immediate and dramatic improvement in performance when music is added to the program. Many of the music and rhythmic programs, activities, and approaches are applicable to retardates at all functional levels and serve as an excellent means of promoting movement and coordination. A record player with adjustable speed control is of great value in these programs, so that tempo can be controlled according to the participant's ability and experience.

10. Improvised equipment and supplies can be developed from barrels, oil drums, chairs, legs, bleach bottles, rope, boards, ladders, cardboard boxes, pipe, fences, tires, old balls, parachutes, and many others. Regular city traffic signal lights or homemade mock-ups, traffic control signs, and signs that one sees in the community can be incorporated into many of these activities as a means of teaching their meaning and significance in a "fun and games" situation.
11. Hyperactive and aggressive children can be given specific activities to reduce the immediate symptoms of the condition, e.g., punching a bag or "bop bag," running fast, responding only to the desired stimulus, and verbalizing while participating in the activity. These activities are designed to help the child get himself under control so that he can work with a group and learn.
12. Activities can be designed and selected for their specific contributions to improve the social awareness and emotional control of the individual. Charm courses to prepare him for job placement, and monthly teas that are prepared, served, and hosted by the retarded, are examples of recreational activities that can be important determinants in shaping behavior.
13. Weight lifting, interval training, circuit training, isometrics, jogging, running, and special programs like the RCAF 5BX all contribute to the development of specific elements of physical fitness in the retarded.
14. Extensive summer programs, year-round recreational programs, and a variety of special programs are all needed in comprehensive recreational programing for retarded of all levels and in all environmental settings.

METHODS

Just as there is no set program of activities that will ensure success with any group in every situation, there is no single methodology, approach, or technique, regardless of how similar the external aspects of the situation may be, that will work for every group and for all individuals. Each retardate is a person with his own interests, abilities, and individualities, which must be prime considerations when developing programs and selecting activities for them. There are many factors that influence the methods and approaches selected for a given situation and a particular individual.

Motivation cannot be overemphasized as a factor in determining the success or failure of an activity or of a given approach in programs for the retarded. Motivation is intimately linked with the way in which an activity is received and accepted by an individual, retarded or not. So often when a retardate does not respond to an activity or method, we tend to assume that he has a short attention span, and attribute his lack of interest to *him* rather than trying to determine why he is uninterested. We must ask ourselves just how we are contributing to the lack of motivation, what we can do to challenge the interest of the retarded, and how we can motivate him to active participation. When motivated, retardates of all levels have shown amazing ability to stick to a task, attained high levels of proficiency, and developed surprisingly complex skills. It is most important to identify them at an early age, so that they can be scheduled into prekindergarten or nursery school programs at as young an age as possible.

Since the retarded will require more training over longer periods of time if they are to attain the limits of their potential, much of the emphasis in these early experiences should be upon motor, motor-perceptual, and perceptual-motor development as a base for other kinds of more complex learning. As a child grows and develops, these same kinds of activities can be structured to make learning at the higher levels more meaningful and functional. Many educators and others responsible for education programs capitalize on the interest and enjoyment inherent in physical activity and utilize them as a stimulus to learning in other areas, e.g., arithmetic, oral expression, written expression, health, safety, art, music, vocational readiness.

Consideration must also be given to the advantages and disadvantages of the highly structured versus the more relaxed and informal program. However, there is no single approach that is applicable to all situations and all individuals. While retardates at every level must be scheduled into some activities and have the security of certain routines within the program, they must also have adequate time for free play and some freedom of choice. During free play the retarded should have an opportunity to select from various activities, having the right to choose an activity in which they feel comfortable and which will best fit their needs and the desires of the moment.

It is essential that even structured programs be flexible, so that modifications and changes can be made on the spot for any group or individual. The great range of abilities among the retarded makes this type of flexibility mandatory, so that programs and activities can be designed and selected to meet each individual's needs. Too often, emphasis is placed upon the retardate's disabilities rather than his abilities, which results in discouragement, failure, and frustration. It is so much more rewarding for all concerned to encourage, emphasize abilities, and accentuate the positive.

Whether to integrate the retarded into regular physical education and recreation programs or place them in separate programs was discussed at length and in considerable depth. While the majority of those who took part in these discussions felt that a goal of both programs was to integrate the retarded with the nonretarded if at all possible, the criteria and conditions for such integration were considered of utmost importance. The retardate's abilities—social and emotional as well as physical—must be considered if he is to have some chance for successful and safe participation in these programs. A variety of ways to integrate the retarded in physical education and recreation were discussed: schedule two retardates with one class, two or three with another, etc.; place each individual where he fits best (integrate some, separate others); permit flexible scheduling so that the individual is placed in an integrated situation for those activities in which he can compete with the nonretarded, and in a separate class in those activities in which he cannot compete or participate safely or successfully. In general, individual activities are those in which the retarded have the best chance for success in an integrated situation.

Upper level and older retarded can be used as assistants or aides in both physical education and recreation programs. They perform a variety of tasks in these programs according to their abilities and interests. In some programs these retardates are paid a salary or given an honorarium for their service. It appears that the residential facility and the day care center have developed and used this approach far more than the public schools. There is no reason why older retarded boys and girls can't be used as assistants and aides in public school programs for the younger children. It is equally true that older nonretarded youngsters can be used to provide similar services to help reduce the teacher-pupil or leader-participant ratio. Both retarded and nonretarded adults from the community can also be recruited to provide these services. Those serving as assistants will derive much satisfaction and pleasure from their very real contributions to the program and to these children.

PROBLEMS

While a number of specific problems and problem areas relative to programing in physical education and recreation for the mentally retarded have been suggested in preceding sections, several are in need of expansion and clarification, while others need specific definition and delineation.

1. *Programs for the adolescent, young adult, adult, and aged retardate in the community and in the residential facility.* Too often programs focus on the school-age child; little thought is given to meeting the needs of this individual when he leaves the school or residential facility. There is an urgent need to consider programs designed especially for the adolescent and the young adult, since so often activities and methods are resented by them when they tend to be beneath them, babyish, and with little meaning or significance for them. Often activities for younger groups can be used with older retardates by simply changing their names (i.e., "Choose Your Boyfriend (or Girlfriend)" instead of "Drop the Handkerchief," "Batman and Joker" for "Crows and Cranes," etc.). Active participation by an enthusiastic teacher or leader determines greatly how activities are accepted by groups of older retardates.

2. *Transportation and transportation-related problems as factors limiting the provision of recreation programs and services, especially for the trainable, severely, and profoundly retarded.* Procedures for obtaining sufficient insurance for all phases of recreation and physical education programs for the retarded also need investigation and clarification.

3. *Administrative problems related to programing in physical education and recreation for the retarded.* Homogenous grouping for activities; providing adequate time, personnel, facilities, supplies, and equipment for these programs; and having more agreement among administration heads and teaching personnel and among administrators themselves regarding the role, scope, and emphasis of physical education and recreation in the total program for the retarded are among the pressing problems needing to be resolved.

4. *Ways to educate the community to accept and support all programs for the mentally retarded, especially those in physical education and recreation.* Every resource in the community needs to be available for those programs so that the variety of needs of the retarded can be most effectively met.

Concerted effort is needed to convey to everyone involved in programing for the retarded the importance of physical education and recreation.

5. *Programing for the trainable, severely, and profoundly retarded.* Much more information is needed about the custodial and semicustodial retardate so that more emphasis can be given to meeting his needs through active participation in physical education and recreation. No longer can programs for these groups be restricted and limited, because the only equipment and supplies are those left over and relegated from other programs. The groups that function at these lower levels deserve, need, and must be provided with equipment, facilities, and teaching personnel as good as, if not better, that that given any other child.

6. *Changing characteristics of the population in residential facilities, in that increasing numbers of the trainable are being cared and programed for in the community.* The fact that the population in residential facilities is becoming one of lower functional ability has implications and ramifications that must be dealt with in both the community and residential facility; programs must be adjusted and changed to meet the needs of the shifting populations. It is important to emphasize that the cost of keeping a child in school or in day care programs in the community is less than the financial burden for complete custodial care in a residential facility. This is important to help gain the acceptance of the general public for community centered programs for the retarded, especially those in physical education and recreation.

7. *Integration vs. separate placement for physical education and recreation activities.* Specific questions and problems presented include the following:

a. Should physical education and recreation be considered as separate specialties with different personnel administering and conducting the programs, or should they be incorporated into a single program?

b. Should the physical education program for the retarded at the elementary school level be taught by the special education classroom teacher or by the specialist in physical education?

c. Should the leadership in the movement to upgrade physical education and recreation programs for the retarded be vested in physical educators, recreation specialists, and special educators; or be a cooperative venture among all concerned?

d. How can the retarded in residential facilities be prepared for active participation in community programs upon their release and return to the community?

COORDINATION

Many different disciplines have important contributions to make in a comprehensive program for the mentally retarded. In the past, too many agencies and organizations involved in programing for the retarded have looked upon each other as rivals rather than as members of one team working as a unit to alleviate problems and to eliminate human suffering. There has been a reluctance and reticence to share ideas and findings and to combine knowledge, skills, and competencies that will eliminate, or at least minimize, unnecessary and unneeded duplication of effort among personnel from these groups. Too often members of the various disciplines become defensive about their contributions, especially when suggestions are made about how they can improve their efforts. This reaction can be minimized if members of the different disciplines learn to communicate positively with each other and explore objectively the contributions they can make individually to this total team effort. Many expressed the hope that this national conference would foster and promote a real team effort in which every discipline involved in programing for the retarded will contribute actively.

There is a need for adequate supervision of physical education classes. The classroom teacher and the physical educator must work hand in hand if the two programs are to complement each other and contribute to the total education process. Too often resource teachers complicate things because their efforts lack continuity and because they interrupt what the regular teacher is doing. Scheduling should involve classroom teachers in the physical education program, to permit it to be integrated and correlated with other subjects in the curriculum.

In the past the special educator worked in isolation from other disciplines and specialists, since he lacked interest and information about the problems of the exceptional child. It has only been recently that speech therapists, physical educators, recreation specialists, and those from other disciplines have demonstrated an interest in and concern for the problems of the mentally retarded. This has brought about a better understanding and greater appreciation of the problems of the retarded and has focused on the importance of an effective team approach in meeting their total needs if each of these specialities is to make its full impact upon educating and training the retarded.

Parents

Educating parents whose children are involved in programs is vital if the programs are to be successful. Parents must be helped to accept their children as they are, and must learn to get them interested and actively involved in physical education and recreation. Involvement in programs should be such that it places little demand upon the parent; participation should result from the child's desire and interest. To help overcome indifference and apathy, parents must be given something tangible on which to build: emphasis on the good points, the skills, and the abilities of the child; and concentration on those things which he is capable of doing. Parents must be helped to accept a program emphasizing the concrete rather than the abstract, to see the importance of social acceptance and emotional development in their children, and to realize that all success is not predicated upon academic skill and educational prowess. The role of physical education and recreational activities in educating and training the retarded needs wider dissemination and acceptance among parents and the general community. These areas must receive greater recognition as having high potential and impact to contribute to the total growth and development of the retarded at all levels and in all environmental settings.

Recreation for the Severely and Profoundly Retarded

According to the standards of the American Association on Mental Deficiency, the severely and profoundly retarded are those with IQ's of 35 or less. More consideration and greater emphasis needs to be given to programs and activities for this population, since approximately 60 percent of the institutional retarded population fall into this category.

Experience has shown that the severely and profoundly retarded enjoy many of the same activities that are successful with the educable and trainable. Actually they function at a higher level in recreational activities than they do in mental pursuits. *The severely and profoundly retarded can do much more in recreational activities than they are generally given credit for.*

Unfortunately play is almost nonexistent in programs for the profoundly retarded, despite the many positive effects a well-planned and well-conducted program can have upon these groups. Aggressive behavior and the need for medication are often reduced drastically when they are exposed to play situations. In the average institutional recreation program the severely and profoundly retarded are involved an average of less than 60 seconds per day!

There is a need to reevaluate the standards of the American Association on Mental Deficiency as they relate to recreation personnel. Contrary to the AAMD standards, *more* (not less) personnel are needed to work with these groups if the programs are in fact to produce positive effects upon the participants. A more realistic standard must be established. In addition to adequate professional staffing, new, imaginative, and innovative approaches must be taken to get the required additional personnel. Volunteers, those in Student Work Experience and Training programs, personnel obtained through other grants programs, and college students seeking practical and field experience are all sources for additional help.

With increasing emphasis upon keeping the retarded in the community, more day care centers will open for the trainable. Consequently, residential facilities will care for larger numbers of the severely and profoundly retarded. Drastic changes in philosophy, activities, and methods used by those responsible for recreational programing in the residential facility will be necessary if the needs of the severely and profoundly retarded are to be met.

Some of the specific considerations in programing for these groups are the following:

1. Programs should include both indoor and outdoor activities.
2. Staff leadership varies greatly in practice and philosophy. Some felt that these groups should be handled on a one-to-one basis, while others reported success with ratios in the one-to-five range.
3. Activities should be selected as though the participant were not retarded. Many conferees agreed that the severely and profoundly retarded enjoy most activities.
4. Music, water play, mud play, dancing, swimming, trips and tours, parties, and camping are examples of activities that have been successful with those 2 to 16 years of age.
5. Dancing, beach parties, listening to records, trips, baseball games, and, in general, the same activities in which nonretarded teenagers participate are examples of activities that have been successful with adolescents, young adults, and older adults.

Day Care Centers

During the course of discussion and small group meetings, a great deal of emphasis was placed upon the changing role of the day care center in the overall programing for the mentally retarded. Philosophies and attitudes that encourage keeping the retarded in the community and at home rather than sending them to residential facilities have been important factors in bringing about this trend. Day care centers are increasing in number, and changes are taking place in their programs to prepare the retarded for living in the community. Many topics relevant to organizing, administering, conducting, and evaluating day care programs were discussed during the conference.

FINANCIAL CONSIDERATIONS

Because there are many problems in financing day care centers, studies of the entire fiscal procedures (including methods of obtaining funds, expenditures, budget, etc.) in establishing a day care facility and in conducting its program are urgently needed. Those in the field seek this kind of information, guidance, and assistance.

Problems relative to funding day care centers and their programs were identified and discussed. Of particular concern were (1) the difficulty day care centers have in acquiring funds, especially from federal sources, for buildings and construction and (2) the problem professional recreation personnel have in obtaining federal funds for these programs. Methods of resolving these problems are sorely needed.

There are several sources to which day care centers may turn for financial assistance. Although difficult to obtain, funds are available through federal, state, and local agencies. Headstart, various titles (I, III, VI) of the Elementary and Secondary Education Act, certain sections of the Mental Retardation Facilities and Community Mental Health Centers Construction Act, and other programs administered within the Department of Health, Education, and Welfare all provide funds for these programs. In addition, there are some federal funds administered through the respective states, and some states make grants from their own funds. The local community, county commissions, clubs (e.g., Jaycees, Civitan, Lions, Kiwanis, Rotary, Optimist), interested individuals, and special fund raising projects have all been sources of financial support in varying degrees for day care centers. Thought should be given to adopting techniques that have been successful in similar campaigns, e.g., selling actual brick to be used in the day care center building at supermarkets, churches, and other places where people interested in supporting projects of this kind gather; having special money raising activities that appeal to the people in the immediate geographical area; and collecting trading stamps for obtaining supplies and equipment.

SPECIAL TRAINING PROGRAMS

Not only is money available for the program and construction of the day care center, but various agencies and organizations (e.g., Department of Labor, Bureau of Education for the Handicapped, National Institute of Mental Health, Social Rehabilitation Services, Vocational Rehabilitation Administration) have programs from which grants can be obtained for special training programs. For example, high school students, perhaps even dropouts, can be trained in a Job Corps type of program to work with young mentally retarded children.[1] Work-study programs, such as the Neighborhood Youth Corps and Student Work Experience and Training (SWEAT), all should be investigated as possible sources of personnel.

Some colleges and universities have initiated special training programs to prepare students to work in day care programs. In some instances they take women without degrees in education, social welfare, or other related areas and give them orientation, appropriate course work, and practical experience to qualify them to contribute to the day care program. Many women with warm personalities, who are interested in and love children and who have raised their own families, are taking advantage of these opportunities. Such programs make it possible to use more highly trained personnel in other areas of the program, while expanding services and providing more individual attention to the children.

This type of training is apparently one of the most desirable programs that can be initiated in a community for providing competent and skilled people to work with young retarded children. This particular group of women possess the very qualifications that so often are said not to be present in many of our trained people; yet, in too many communities this valuable commodity remains untapped.

In many communities around the nation groups of volunteer teenagers are contributing much to day care programs. The Hope Corps,[2] Teens Aid the Retarded (TARS),[3] Red Cross teen clubs, and Tri-Y groups have all contributed much to these programs. Different junior chambers of commerce, federations of women's clubs, and other Red Cross groups have shown interest at national and local levels in providing services to day care facilities for the mentally retarded. In many cases it is possible to use older retarded children, teens, and adults to work with younger retarded children. Centers and organizations using this type of volunteer help must have a sound foundation and structure. They need a director or supervisor of volunteer services, one who can devote most of his time to the implementation of the center's goal and ideas for training and supervising the volunteers. Every effort must be made to maintain the enthusiasm and eagerness of all volunteers. Some approaches that have been used in different communities to help achieve these ends are—

1. To include representatives of volunteers on advisory boards or committees so that their ideas can be expressed relative to the operation of the program. When establishing advisory groups, draw from some of the outstanding people in the community; inclusion of representatives of volunteers gives added status to the job they are doing and the services they are rendering.

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[1] Doris L. Berryman, Sally Fechtmeyer, and Herbert Rusalem, *Training Young Adults as Recreation Aides for Service to Physically and Mentally Disabled Persons* (New York: Comeback, Inc., 945 Fifth Avenue, 1967).

[2] Contact Dr. Theodore Johnson, Pennsylvania Association for the Retarded, Pittsburgh, Pennsylvania 15219, for additional information.

[3] Contact Texas Association for Retarded Children, 708 Littlefield Building, Austin, Texas 78701, for additional information.

2. To issue informative bulletins frequently so that people in the community have continuing contact with the center, its activities, and the important role played by the volunteers in the program.
3. To hold frequent meetings of the professional staff with the volunteers, giving appropriate recognition to the work and role they play in the success of the overall program.
4. To channel information about the program and the role of the volunteers to local newspapers, television and radio stations, and professional and popular journals and periodicals.

BUILDING CONSIDERATIONS

Programs for the mentally retarded can be established in facilities available in the community. However, when a new or special building is to be constructed for this purpose, some basic questions must be answered:

1. What should the dimensions be of the building itself? How many square feet should be allowed per child within the building and how much space should be allocated per child out-of-doors? Will these figures vary with the age of the child and the activities themselves?
2. What dimensions are necessary to take advantage of the economy of A-frame roof construction? How appropriate would other building shapes be for these buildings?
3. How high should the ceiling be in rooms used for different activities?
4. What advantages might be found in using blow-on soundproofing material for the ceiling as opposed to this kind of material applied in other ways?
5. Should wide or large areas be subdivided with folding doors or similar devices?
6. Should there be uprights in play areas (inside or outside)?
7. Should there be a particular type of floor covering? Are there advantages (disadvantages) to carpet, rubber tile, asphalt tile, or hard materials such as concrete or terrazzo? Have there been any reports in which rubberized asphalt or other similar synthetics used on all-weather tracks have been used on playgrounds or other outdoor facilities?
8. What type of lighting should be used? Should light units be multiple or single unit controlled?
9. What size should the windows be? How high should they be from the floor? How much of the wall should consist of windows?
10. Should the building be air conditioned?
11. What type of equipment should be in the building and on its grounds?

Since there has been great reluctance by most national and state people to bring these problems out in the open and make specific recommendations that are practical and realistic, information of this kind is sorely needed. A tremendous amount of work and detailed activity is required, so that specific recommendations can be made for solving these and other problems relative to day care center buildings.

COORDINATION AND COOPERATION

Quantity and quality of day care programs for the mentally retarded vary greatly among the states. Why are some states so far ahead and others so far behind? What is actually happening in states where there is a lag in programs for young mentally retarded children?

1. In some states attempts to involve local communities in a program for the mentally retarded have met with a certain amount of resistance, or at least noncooperation, from some of the state organizations that had been expected to be vitally interested in developing these programs. For instance, in one state where preschool licensing is administered through the department of education, it was necessary for the American Institute of Child Care Centers to request a legal ruling from the attorney general before it could obtain a list of the licensed centers.

2. In many states some of the very state agencies which should be fostering and helping the development of programs for the mentally retarded in every way possible simply are not interested. In fact, in some states licensing programs, as designed by the welfare departments, do not contribute to providing day care center facilities for the children of the state. They are actually discouraging many people from participating in child care programs because the requirements are so restrictive.

3. In some states welfare departments seem to think that the home environment is very desirable for the child. On the other hand, the National Safety Council and other organizations have pointed out the dangers of the home.

There is need for something broader and more comprehensive than the narrow type of training offered by welfare workers alone, both in setting up and maintaining day care centers and in establishing licensing procedures and standards. Many are of the opinion that if these laws were tested in state courts, a good possibility would exist that many of the rules and regulations which have been established by state welfare departments for day care centers would be declared illegal because they have in some instances gone far beyond what professional people generally think are necessary rules and regulations for handling child care facilities.

Some conferees expressed the belief that special boards relative to child care could be established in the states, with representatives from the welfare department, department of education, health department, and possibly even the state fire marshall's office. In addition, three to five members of the board should be persons actively engaged in day care work with children, whether mentally retarded, "normal," blind, or physically handicapped.

PROGRAM CONSIDERATIONS

Resources for a program for preschool mentally retarded children are available in almost every community in the nation. The major problem is finding the leadership, but once this obstacle is overcome, programs that meet the needs of the individual child will evolve. Among the considerations discussed at the conference were the following:

1. The child in the day care center should have the same activities in physical education and recreation as the children in the community of comparable functional level.

2. There is a great need to place more emphasis upon physical education and recreation in the overall program of the day care center. This is of special concern in programs that concentrate upon children of preschool, nursery, and primary chronological ages.
3. The child in the day care center should be exposed to the fields of art, music, home economics, industrial arts, and other so-called nonacademic areas, just as his peers of comparable functional levels. (At the time of this conference a cookbook providing menus and recipes for young children was reported to be in progress.)

Health and Safety Problems of the Mentally Retarded

Although the major emphasis of this National Conference on Programing for the Mentally Retarded was upon physical education and recreation, some discussion and group sessions focused on health and safety problems. Professionals, nonprofessionals, and parents are seeking ideas, suggestions, and direction for meeting these special needs. While physical education and recreation can contribute to health and safety, specific emphasis and structured activities must be a part of a planned attack to help meet the various health and safety problems of the retarded.

Among the many health and safety topics and areas considered were—

1. Sex education.
2. Illnesses and other general health problems.
3. Camping standards.

Within each area questions were asked, problems identified and approaches and techniques used by different individuals discussed.

QUESTIONS AND PROBLEMS

Sex Education

1. Who should have the responsibility of presenting information about sex to the retarded child?
2. When is the appropriate time to offer information about sex to the retarded child?
3. What approaches, methods, and techniques can be most effective in providing information about sex to the retarded?
4. How much emphasis should be upon the anatomy and physiology of reproduction and to what degree should other aspects of sex education (i.e., boy-girl relationships, moral aspects, masturbation, venereal disease, contraceptives, homosexuality, courtship, and preparation for marriage) be a part of the sex education of the retarded?
5. What differences are there in presenting information about sex to those in residential facilities and to those in the community attending public school special education classes or in day care centers?
6. Should some other title (i.e., "Learning about Yourself," "All about Me," "Boys and Girls," body structure, physiology, genetics, etc.) replace the term "sex education" when dealing with the retarded?

7. What are the reactions and feelings of the parents of the retarded about others teaching and handling this personal topic with their children?
8. Is it possible that exposure to the facts and information contained in a sex education program will create an awareness, arouse a curiosity, and promote experimentation among the retarded that would not otherwise develop or be accentuated?
9. How can attitudes be promoted in parents so that they will realize the importance and need for sex education among the mentally retarded, provide guidance to their own children, and supplement more formal programs at home?
10. What personal qualities and professional knowledge, competencies, and skills are needed by the person who deals with the topic of sex with the retarded?
11. Who (i.e., classroom teacher, physical educator, social worker, psychologist, chaplain, nurse, medical doctor, or an individual with special preparation and training) should conduct the program of sex education in the public school, at the residential facility, and in the day care center?
12. What methods, techniques, and procedures should be used in presenting information about sex to the retarded of different functional levels in the various environmental settings?

Illnesses and Other General Health Problems

1. Is the great number of illnesses among the retarded, especially Mongoloids (e.g., frequent colds, respiratory congestion, etc.) due to inherent characteristics to certain environmental factors?
2. Should children in a group with an epileptic be told of his condition, of what occurs, and how they can help him at the time of a seizure?
3. In what ways can personal cleanliness be approached and taught so that the retarded will develop the attitudes, habits, and practices necessary for clean living?
4. What is the role and function of a developmental program of sensory-motor training in the overall program of educating and training the retarded? In what ways can sensory-motor activities be a part of the total program of health and safety education?
5. Is there a need to develop special standards for camps and camp programs involving the retarded, or are general standards now used adequate and appropriate?
6. In what ways are discipline and safety related? Can the two complement and supplement each other? (Since discipline connotes respect for oneself and others, is it possible that safety education can be a means for the retarded to develop discipline and to show respect?)
7. Are students now in undergraduate and graduate physical education and special education professional preparation programs receiving adequate information and training to help them meet the health and safety needs of the retarded? Are the curricular offerings in these areas emphasizing the basic and the practical so that they can be applied in the real situation?

8. What should be included in the professional preparation of the health education specialist, nurse, medical doctor, and others directly or indirectly concerned with health and safety to prepare them to understand and appreciate the retarded so that each will be better able to help meet the special needs and unique problems of the retarded in these areas?
9. In what ways can all groups interested in and concerned with programing for the mentally retarded contribute to meeting their special health and safety needs?

Professional Preparation

Basic Considerations

1. Physical education and recreation are increasingly becoming important and integral parts of programs for educable, trainable, severely, and profoundly mentally retarded, the physically handicapped, those with poor motor coordination, and for individuals who perform poorly in movement and other kinds of physical activities. Consequently, appropriate opportunities to obtain information about these conditions and to develop skills and competencies for working with the impaired should be included in undergraduate professional preparation programs for physical educators, recreation personnel, and special educators.

2. Since current curricular offerings do not adequately prepare physical educators, recreation specialists, or special educators to meet the physical and recreational needs of the retarded, colleges and universities should evaluate their programs of professional preparation to see if a variety of experiences in these areas is being provided. Physical education and recreation personnel need to become acquainted and proficient in special education, and special educators need to become proficient in physical education and recreation. Appropriate opportunities and adequate experiences for these students should include (1) the theoretical foundations upon which these programs are built, (2) information that will enable them to appreciate and understand both the retarded and the role of physical education and recreation in their education and training, and (3) examples of successful programing in these areas. Ample opportunity to observe programs, and to interact and work directly with retardates of different functional levels in a variety of environmental settings and situations are indispensable in these programs. Since the needs of the handicapped, including the mentally retarded, are so varied and diverse, professional preparation curricula in physical education, recreation, and special education should be equally broad and comprehensive to prepare these students in both theory and practice for conducting successful programs in a variety of settings.

3. Since specialists from many disciplines are concerned with the total growth and development of the mentally retarded and with their education and training, more concerted and conscious efforts should be made in attaining cooperative, team, and interdisciplinary action in these professional preparation programs.

4. Many of the programing problems in physical education and recreation result directly from the lack of qualified personnel. For example, many

recreation jobs are filled by people trained in other fields; many who work with the retarded are in desperate need of a job rather than being involved through interest and dedication; and many positions do not have pay commensurate with the duties, responsibilities, and time involved—nor do they provide remuneration consistent with positions in other fields which require similar training and in which personnel have comparable responsibilities. Therefore, concerted efforts should be made to interest and recruit high school and college students for the field and to initiate action that will make these positions more attractive to trained and qualified personnel.

SPECIFIC NEEDS AND CONSIDERATIONS

1. To make sure that *all* specialists from the many disciplines concerned with the mentally retarded have a base of understanding permitting communication among all of them.
2. To determine the role of the nonprofessional, subprofessional, and preprofessional in the overall conduct of physical education and recreation programs for the mentally retarded, and to establish the most efficient and effective procedures of training support personnel to serve in these programs at all levels and in different environmental settings.
3. To explore the use of high school and college volunteers in physical education and recreation programs for the retarded, and to determine the knowledge, skills, and competencies necessary to prepare this group to work constructively with retarded at all levels and in different environmental settings.
4. To investigate the personal qualities and professional qualifications needed for working successfully with the retarded in physical education and recreation programs.
5. To attack vigorously the universal problem of not having sufficient trained personnel to plan, organize, supervise, and implement physical and recreation activities for the retarded.
6. To investigate current requirements for certification of physical educators and special educators within each state in order to determine the adequacy of their preparation in special education and physical education respectively.
7. To impress upon colleges and universities the need for making curriculum and course changes to meet the needs of physical educators, special educators, and recreation personnel currently in the field, along with those just entering undergraduate professional preparation.
8. To use regularly scheduled state, regional, district, and local in-service programs as means for providing additional information about and experiences in physical education, recreation, and special education to administrators, supervisors, teachers, aides, and volunteers.
9. To include planned opportunities for working with the handicapped in organized physical education or recreation programs as an integral part of the student teaching or other culminating practicum experiences of all professional personnel in physical education, special education, and recreation.
10. To determine the number and kinds of job opportunities available to the physical educator with special training in physical education for the handicapped in general or in programing for the mentally retarded in particular, and to the recreation specialist with training in therapeutic recreation or in recreation for the ill and handicapped.

11. To encourage more men who major in physical education to specialize in programing for elementary school children and to place more emphasis upon the needs of the handicapped and retarded as a means of helping meet the demand for trained personnel in this area.

12. To provide trained personnel in adequate numbers at residential facilities so that a comprehensive recreation program can be conducted without having to depend upon cottage parents, ward attendants, or technicians for active leadership of the program.

13. To evaluate present professional preparation programs in physical education to determine how well teachers planning and conducting physical activity and recreational programs for the retarded are prepared to understand and apply information about child growth and development, neurology, basic motor development, movement, diagnosis and prescription of activities for motor deviates, and the exceptional child.

14. To evaluate present professional preparation programs in special education to determine how well teachers are prepared to understand and apply information and principles about the theory and practice of physical education and recreation to the process of educating and training the retarded.

15. To evaluate present professional preparation programs in recreation to determine how well personnel are prepared to understand and apply information about any area of knowledge needed for conducting the successful comprehensive recreation programs for the retarded.

16. To encourage physical educators to focus some of their attention on those with little physical proficiency, motor ability or aptitude, as well as upon the more proficient, with whom they have traditionally been more concerned because of personal orientations and experiences as highly skilled performers themselves.

17. To determine the relationship of existing professional programs in adapted physical education, corrective therapy, physical therapy, recreational therapy, and recreation for the ill and handicapped to emerging programs of physical education and/or recreation for the handicapped; and to determine how these new special preparation programs are different from, or similar to, the already existing programs, and whether they should be a part of or different from one another.

CONSIDERATIONS FOR UNDERGRADUATE PHYSICAL EDUCATION AND RECREATION

1. Prepare the best possible physical education and recreation professional by upgrading and improving all existing undergraduate programs in both areas. *Thought:* Would it be advisable for beginning physical education and recreation personnel to work approximately three years in the regular programs before being allowed to pursue a specialized degree?

2. Provide learning opportunities in appropriate courses that promote an understanding and appreciation of the mentally retarded and how to teach and work with them in physical education and recreation programs.

3. Provide observation and assistive teaching experiences with the mentally retarded as an integral part of methods courses in both physical education and recreation.

4. Include a unit dealing with the mentally retarded in already existing courses of adapted physical education and recreation for the ill and handi-

capped. These courses should be required of all majors in the appropriate curriculum at the undergraduate level.

5. Consider offering certain courses, sequences, and options, to physical education and/or recreation majors:
    - a. Introduction to Mental Retardation
    - b. Physical Education for the Mentally Retarded
    - c. Recreation for the Handicapped
    - d. Foundations of Motor Skill
    - e. Motor Problems, Diagnosis, and Prescription

The consensus of opinion among many professionals in physical education and recreation is *against* the mass development of undergraduate major programs which develop specialized personnel to work with the mentally retarded. However, a *few* institutions with strong physical education, recreation, and special education departments could be encouraged to undertake experimental programs to determine the feasibility of developing permanent undergraduate major programs specializing in work with the retarded. Other areas in need of investigation and consideration are the following:

1. What information about the retarded should be included as a part of already existing courses?
2. How can provisions for a continuum of observation and practical experiences with all kinds of children ("normal," as well as physically handicapped and mentally retarded) in a variety of situations and settings best be accomplished?
3. What kinds of professional experiences are needed to prepare physical education teachers and recreation personnel to work with the mentally retarded?
4. What specific knowledge, skills, and competencies are needed by physical educators and recreation personnel to prepare them to work with the mentally retarded?

CONSIDERATION FOR UNDERGRADUATE EDUCATION

Since the special education classroom teacher will be responsible for conducting most of the physical education programs for the retarded for some time to come, and because of the role these activities play in stimulating and motivating the retarded in other learning situations, it is *imperative* that the special educator receive sufficient specialized preparation in physical education and recreation during his formal professional training. Consideration should be given to methods and activities basic to a successful program, as well as to information about the theoretical foundations and principles underlying these activities. Much attention needs to be paid to developing positive attitudes among special educators toward physical education and recreation, to the role each plays in the education and training of the retarded, and to the contributions each makes to the total growth and development of the retarded. In addition to the curriculum provided for majors in special education, the following courses should also be considered:

1. Foundations of Motor Skill
2. Physical Education for the Mentally Retarded
3. Recreation for the Handicapped
4. Motor Problems, Diagnosis, and Prescription

CONSIDERATIONS FOR GRADUATE PROGRAMS

1. Encourage some colleges and universities to offer preparation on a specialized basis at the graduate level in physical education and recreation programs for the mentally retarded.

2. Include as a part of graduate specialization courses, sequences and concentrations that will prepare personnel to teach and supervise physical education and recreation programs for the mentally retarded. (This will necessitate evaluation and a determination of what courses and practical experiences are necessary for an academic program that will equip the special teacher with the knowledge and competencies needed to teach and/or supervise in this subspecialty in physical education and/or recreation.)

3. Investigate the need and feasibility of developing programs for further specialization in physical education and recreation for the mentally retarded at the doctoral level for those who desire to pursue research, to teach at the college level, or to supervise programs at various levels. *Thought:* Can this specialization be accomplished by completing a minor or supporting area in special education with a major program in physical education or recreation at this level?

Start Planning and Programing

Discussions among representatives of various state agencies (e.g., departments of education, comprehensive mental retardation planning commissions, recreation and parks groups, and associations for retarded children), focused on approaches and methods that would ensure cooperative efforts among state groups involved in planning and programing for the mentally retarded. Many of these people reported increased interagency and interdisciplinary cooperation in planning and implementing programs in their states.

Several special projects and programs were outlined and discussed as representative examples of some of the many activities going on in the states:

1. Several state departments of mental health have added or are planning to add full-time consultants in physical education and recreation to their staffs.
2. Many states are emphasizing the use of educational television in a variety of programs for the mentally retarded.
3. Funds under P.L. 88–164 are being used in a number of states to provide institutes, clinics, and other training programs for physical education teachers who work with the mentally retarded.
4. The State Department of Education in New York has completed *A Guide for Physical Education for the Exceptional Pupil*, which has been available for distribution since January 1967.
5. The State Department of Education in Illinois is conducting an evaluation project on programs for the trainable mentally retarded from funds allocated in the regular budget. The director of this project is Dr. Alfred Kamm, Department of Special Education, Office of the Superintendent of Public Instruction, Springfield, Illinois 62706.

Research

During the course of the national conference there was much discussion of research in physical education, recreation, and psychomotor function of the mentally retarded. Reports were given of formal experimental studies and of more informal action projects, and discussion was focused on some of the problems in need of research attack and investigation. Research was included as a major topic of concern in small group discussion sessions, as a part of special interest groups dealing with specific topics, and in several other programs which focused on research and research related topics. (See the reports of papers delivered by Bryant J. Cratty, pp. 75-79, and Louis Bowers, pp. 42-50.) David K. Brace, research associate of the Project on Recreation and Fitness for the Mentally Retarded, G. Lawrence Rarick, professor of physical education at the University of Wisconsin, and the late Roy Pangle, associate professor of physical education at George Peabody College, presented detailed reports of studies that had been recently completed at the time of the conference.

ABSTRACTS

Amiel Solomon and Roy Pangle. *The Effects of a Structured Physical Education Program on Physical, Intellectual, and Self-Concept Development of Educable Retarded Boys.* Nashville, Tennessee: George Peabody College for Teachers, Department of Health and Physical Education, 1966.

It was the purpose of this study to assess for mentally retarded boys the changes in physical, intellectual, and self-concept development as a result of a structured physical education program. Four intact groups of 41 educable mentally retarded boys (CA's 13–5 to 17–4; IQ's 47 to 85) were assigned randomly to four treatments: B_1—physical education (immediate reinforcement); B_2—physical education (remote reinforcement); B_3—quiet and table games; and B_4—control. The experimental period covered eight weeks, during which the three treatment groups met daily with the investigator for an instructional period of approximately 45 minutes. The control group concurrently followed a regular daily schedule to which the other groups would have been subjected had it not been for their participation in the study. N's for the four groups were 12, 12, 11, and 6.

Before and after the experimental period data were obtained on measures of IQ (1937 S–B, Form L), physical fitness (50-yard dash, sit-ups, pull-ups, and predicted AAHPER Youth Fitness Test total score), dynamometrical grip strength, level of aspiration (Clark and Stratton technique), locus of evaluation and control (CLOE-C Scale), and self-concept (Piers-Harris Self-Concept Scale). In addition, follow-up data were collected six weeks after the experiment's termination to determine the stability of significant gains demonstrated over the treatment period. Intelligence testing was performed by qualified and experienced psychological examiners; all other procedures were administered by the investigators.

From the posttest and follow-up data analyses, the following major conclusions seem to be supported:

1. Levels of physical fitness performance in educable mentally retarded boys can be improved as a result of an eight-week structured program of physical education. The degree of improvement was such that postexperiment and

follow-up comparisons with the AAHPER Youth Fitness Test showed that achievement levels of the retardates exceeded those of appropriately aged nonretardates.

2. Differentiating physical education activities on the basis of an immediate reinforcement (knowledge of results) factor resulted in significantly more improvement over the experimental period in two of the four physical fitness criterion variables (pull-ups and 50-yard dash).

3. Significant gains demonstrated at the end of the experiment remained significant over a six-week postexperiment follow-up period. However, differences in the corresponding *T* test comparisons were noted, the most consistent change being equal effectiveness of both immediate and remote physical education activities.

4. Whatever Hawthorne effect might have been operating did not manifest itself in terms of physical fitness improvement over the experimental period.

5. Results of this investigation do not support the role of physical education in contributing to significant IQ improvement in groups of educable retardates.

6. Grip strength, used frequently as an adjunctive measure of physical fitness, was not significantly improved as a result of the eight-week program of physical education.

7. Although in many cases favorable and predicated changes were noted, level of aspiration, locus of control, locus of evaluation, and self-concept were not changed significantly as a result of the various treatments.

David K. Brace. *Physical Education and Recreation for Mentally Retarded Pupils in Public Schools: A National Survey*. Study conducted under the auspices of the AAHPER Project on Recreation and Fitness for the Mentally Retarded.

Questionnaires about provisions for physical education and recreation for the mentally retarded were sent to superintendents, principals, and teachers in each of the 50 states and the District of Columbia. Responses were received from 1,721 persons representing individual public schools or public school systems. This represented 29.5 percent of all questionnaires sent and 42.7 percent of those sent to individuals by name. Of this return, 1,589 questionnaires were in usable form and were card punched and machine tabulated. The following summary statements are based upon these 1,589 returns:

1. Approximately the same percentage of mentally retarded are taught physical education in classes with "normal" pupils (41.8 percent) as are taught in separate classes (39.4 percent).

2. Physical education for the mentally retarded is limited in content, as indicated by the report that in 40 percent or more of the programs the only activities taught regularly each week are basic movements (40.0 percent) and calisthenics (64.2 percent).

3. One-third or more of the schools never teach swimming, racket games, bowling, combatives, gymnastics or apparatus activities, track and field, or winter play.

4. Facilities for physical education are inadequate. Less than one-fourth of the schools report having a corrective exercise room, shower and dressing rooms, bowling alley, camp site, handball court or wall, tennis court, or

swimming pool. (One-fourth of the returns are from areas under 10,000 population, and half of the schools are at the elementary level where facilities for physical education are meager and special teachers of physical education are relatively few.)

5. As to recreation activities, half or fewer of the schools report cook-outs and picnics, dramatics, construction play, nature play, swimming, and sports.

6. There is a strong belief that the educable can be taught physical education successfully in classes with normal pupils (69.6 percent) but that the trainable cannot (63.9 percent).

7. There is a strong belief that physical education teachers who have mentally retarded pupils in classes should have professional preparation for work with the retarded (88.3 percent).

8. Almost 90 percent of the respondents feel that all workers with mentally retarded should have a basic understanding of physical education and recreation.

9. There is a strong conviction that colleges and universities should add special courses in physical education and recreation for work with the mentally retarded (87.5 percent).

10. Almost 100 percent believe that instruction in physical education and recreation can help social and emotional development in the mentally retarded.

11. A strong plea is made for more teachers of physical education, more time for instruction, better facilities, and better grouping by chronological ages.

G. Lawrence Rarick, James H. Widdop, and Geoffrey D. Broadhead. *The Motor Performance and Physical Fitness of Educable Mentally Retarded Children.* Madison, Wisconsin: University of Wisconsin, Department of Physical Education, 1967.

This investigation was designed to determine the motor performance and physical fitness of educable mentally retarded children (CA 8 to 18) in American public schools (N–4, 235 from 241 schools in 21 continental states) and to develop norms based on the findings. Consideration was also given to identifying the factors which account for individual differences in the fitness levels of those children.

A slightly modified version of the AAHPER Youth Fitness Test was used at all age levels for both sexes. Modifications were made in three of the seven tests: (1) the pull-up test for boys was changed to the flexed arm hang; (2) the sit-up test for both boys and girls was changed from the number of sit-ups in an unlimited time to the number executed in one minute; and (3) the 600-yard run-walk was changed for both sexes to the 300-yard run-walk. The shuttle run, the standing broad jump, the 50-yard dash, and the softball throw followed the procedures as outlined in the *AAHPER Youth Fitness Test Manual.*

The results disclosed that both boys and girls at all age levels were substantially retarded in mean performance on all test items in comparison with children of normal intelligence. The age-by-sex trends in performance on the several tests followed the same trends noted in normal children, although the retarded children of both sexes were two to four years behind the performance levels of normal children of similar age. Sex differences in performance of the mentally retarded were similar to those noted in normal children, the boys being on the average superior to the girls in all tests at all age levels. The performance of the boys was found to increase almost linearly with CA, which is a characteristic of boys of normal intelligence. The performance curves of the educable retarded girls plateaued at 12 to 13 years of age, following the pattern noted in girls of normal intelligence.

The intercorrelations among the physical fitness test items showed that the relationships among the test items were positive but low at all age levels for both sexes. Except for correlations in the range of .40 to .70 among the test items requiring speed of muscular response, almost all others were below .30. The magnitude of the correlations and pattern of correlations by age and sex were similar to those reported in investigations on children of normal intelligence.

Percentile norms have been set up separately for boys and for girls with the children classified according to (1) chronological age and (2) the Classification Index. A growth chart is also included, which enables the teacher to maintain in graphic form a record of the child's year by year progress on the seven test items, appropriately set up so that the child's percentile position, as well as raw score changes, can be read directly from the graph.

SUMMARY

Many of the research needs in physical education and recreation have been identified and reported in considerable detail[1] and will not be repeated in these proceedings, although most of these topics were major concerns of the participants of this conference. Included among the additional areas and topics mentioned by the conferees and stressed as immediate needs were—

1. More cooperative research among the different disciplines and specialties involved in programing physical education and recreation activities for the retarded.
2. Wider dissemination of the findings of research now being conducted.
3. More emphasis on practical application of current research data and findings to realistic and practical situations in the field.
4. More evaluative instruments and tools in physical education and recreation that are appropriate for and applicable to the mentally retarded.
5. More research to determine the advantages and contributions of the systems and activities advocated by Kephart, Doman-Delacato, Schnobrich, Frostig, Getman, Barsch, etc., to physical education and/or recreation programs for the retarded.
6. More emphasis and stress upon the contributions that *everyone* working in the field can make by sharing information gleaned from action research, empirical reports, notes, and comments of successes and failures and from other kinds of anecdotal observations.

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[1] The interested reader is referred to "Motor Function and Physical Fitness of the Mentally Retarded: A Critical Review," *Rehabilitation Literature*, August 1963, pp. 230-42, and "What Research Says About Psychomotor Function of the Retarded," *Journal of Health, Physical Education, Recreation*, XXXVII, No. 4 (April 1966), 36-40.

Picture Report of the Conference

On this and the following two pages are pictures taken at the conference and at the two demonstration sessions that were conducted to give participants a chance to see implementation of programing in action. Below Mrs. Eunice Kennedy Shriver, executive vice-president of the Joseph P. Kennedy Jr. Foundation, meets with Jackson M. Anderson, conference chairman, and Leona Holbrook, 1966-67 AAHPER president (right).

The demonstrations were conducted by Ernie Davis, physical education teacher, Crowley Special School, St. Paul, Minnesota; James Mello, director, physical education and recreation, Mansfield State Training School and Hospital, Mansfield, Connecticut; and Mrs. William Klein, director of programs, Montgomery County (Maryland) Association for Retarded Children.

Project on Recreation and Fitness for the Mentally Retarded

The Project on Recreation and Fitness for the Mentally Retarded was initiated on July 1, 1965, in an effort to stimulate the development of programs of recreation and physical activity for the mentally retarded. For three years the Project was conducted in cooperation with the Joseph P. Kennedy Jr. Foundation which made a grant to the American Association for Health, Physical Education, and Recreation for this purpose. Major areas of concern of the Project have included: (1) leadership preparation through organizing and conducting clinic, institute, and workshop programs; (2) research through encouraging, initiating, and sponsoring pertinent studies; and (3) interpretation and program development through developing publications, reproducing materials, and conducting a matching grants program. A number of subprojects have been initiated to meet specific needs in each of the listed areas of concern.

Progress evidenced at all levels has been great. Many new programs have been started; existing programs have been upgraded and enriched, and people from all walks of life have exhibited more interest, understanding, and appreciation for the retarded. In fact, a major discovery during the past three years has been the many dedicated individuals who have been providing excellent programs in physical education and recreation for the retarded for years. However, many of these people, professionals and nonprofessionals alike, have been so busy conducting programs they have had little time to write about them or to present information to others. Another major finding has been the similarity between physical education and recreation programs for the retarded and sound physical education and recreation programs for everyone—the nonretarded as well as those having other handicaps. The presentations, deliberations, and outcomes of the National Conference on Programing for the Mentally Retarded have contributed to and reinforced these findings.

Now to help meet the growing demand and responsibility to programs for all handicapped, the AAHPER Board of Directors has authorized continuation of the Project which is to expand services gradually to encompass all handicapping conditions. The same emphasis, focus, and areas of concern given the mentally retarded now will be given all areas of adapted physical education, recreation for the ill and handicapped, and to those with other disabling conditions. The Project will not reduce services for the mentally retarded but rather will increase efforts in these other areas.

Cooperating Agencies

American Association on Mental Deficiency
American National Red Cross
Association for Physical and Mental Rehabilitation
Boy Scouts of America
Comeback, Inc.
Council for Exceptional Children (NEA)
Department of Elementary School Principals (NEA)
Joseph P. Kennedy Jr. Foundation
National Association for Recreation Therapists
National Association for Retarded Children
National Association of Secondary School Principals (NEA)
National Institute of Mental Health
National Recreation and Parks Association
National Rehabilitation Association
President's Committee on Mental Retardation
President's Council on Physical Fitness and Sports
Society of State Directors of Health,
  Physical Education, and Recreation
U.S. Office of Education
U.S. Public Health Service

Agencies with Official Observers

American Medical Association
Children Have a Potential
Lifetime Sports Foundation